| 3  | Company   Country   Coun  |  |  |                 |                       |                  |                               |                     |                        |             |                               |
|--|---|--|--|-----------------|-----------------------|------------------|-------------------------------|---------------------|------------------------|-------------|-------------------------------|
|  | CERTIFICATE OF DEATH  1. DOS ABBOTT  1. DOS ABBOTT |  |  |                 |                       |                  |                               |                     |                        |             |                               |
| after death.  The funeral ges 1 and 2 arter death.   | The part of the part   Description   Descr  |  |  |                 |                       |                  |                               |                     |                        |             |                               |
| after for ages i   |   | MALE   |  | E               |                       |                  |                               |                     | last pirthday)         |             |                               |
| 24 haun<br>d in by<br>pers.<br>72 hau  | country) MA   | RYLAND   | USA                                      |                 | WIDOWED               | DIVORCED         |                               | ALLE                | GANY                   |             | Md.                           |
| within ely fille ban pa  | CU  | MBERLAND   | give stree                               | et oddress) MEM | ORIAL                 | HOSP.            | 120. USUAL C                  | SCUPATION (         | Kind of work done      | Celan       | ese                           |
| camplet<br>y event   | 13o. USUAL RESIDE odmission) STATE  | MARYLAND   |  |                 |                       |                  |                               |                     |                        |             |                               |
| be ex  |   | JOHN   |  | ABBO            | TT                    | . MOTHER'S MAIDE | N NAME First                  | RGARE               |                        | SL          |                               |
| rtificate<br>physica<br>en plea<br>sval, an  | Yes, no or unkr   | D EVER IN U.S. ARMED   | dates of service)                        |                 |                       |                  | AL HOS                        | SP. CI              |                        | D. MD.      |                               |
| e death c<br>attending<br>permit. Th   | Conditions, i   | Ony, which gove)   | CAUSE (o)                                | CONSEQUENCE OF  | //                    | DUE ?            |                               | 15                  |                        | S BETWEEN C | INSET AND DEATH               |
| ires that<br>ysician.<br>ned by t<br>ial-trans<br>ial, crem  | stoting the   | anderlying couse   | 1.5                                      | CONSEQUENCE OF  | CARI                  | DIOVASC          | ULAR                          | D                   | 15EASE                 |             | o genry                       |
| The law requires th attending physician, has been signed by se as the burial-traith priar ta burial, cre   |   | LAGETES  | MELL                                     | 1703            |                       |                  |                               |                     |                        |             | 2 1705                        |
| The lar attender attender to attender to a superior attender to a su | 190. DATE OF  |  |  |                 |                       | YES 🗀            | NO XX                         | CAUSES (            | OF DEATH?              |             | RTIFYING                      |
| SICIAN:<br>spital a<br>srificat<br>ed far<br>ed far<br>af Hea  | OR CONTRIBU   | ring Cause of Death ify medical examiner)                        | HOUR A.M. A                              | Nonth Doy Yeor  | 3 9 8                 |                  |                               | ture of injury      | in Part 1 or Part 2, ( | tem 18.}    |                               |
| G PHY<br>the ha<br>r this of<br>detach<br>te Dept  | While Not work  | ot while twork   |  |                 | 201                   |                  | 10                            | 1056                | ¬ 1                    |             |                               |
| OR ATTENDING PHYSICIAN: The law be retained by the haspital or attendin DIRECTOR: After this certificate has been page 3 should be detached for use as the ed with the State Dept. of Health prior the   | 22a. I cert<br>sow t  | ify that (I) (this h<br>he deceased alive<br>s-stated abave, (I) | aspital) attend<br>on<br>(we) (did) (did | ed the decease  | d from<br>ody after d | that in (my) (   | , 19 <u>/</u><br>(our) opinio | _, ta<br>n deoth oc | curred on the do       | te ond hour | (I) (we) last<br>and from the |
| OR AT be retain by the control of th | 22b. SIGNATE  | Elme   | rom                                      | an              |                       | ATTENDING        | MED.                          | TOR                 | SIAFF -                | DATE SIGNED | 59                            |
| TO HOSPITAL Page 4 may TO FUNERAL ( director, pag shauld be fill   | 22d PHYSICI<br>NAME (T  | ype) DR. WE  |  |                 |                       |                  | REENE                         | ST.,                | CUMBERL                | AND, N      | ID.                           |
| TO HOS<br>Page 4<br>TO FUN<br>direct<br>shaul  | Barrate   | 3/2:   |  | Restlan         |                       | orial Ga         | rdens                         | Cumbe               | rland,                 | Allegan     | y Md.                         |
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| 1  |   | SED NAME or print)  JACOB  H.  ALLISON  BLANCE CITHARD  ALLISON  A |                                  |                                  |                      |  |  |                 |   |           |            |                                 |               |
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| ı  | 03  | 154  | 336                              |                                  |                      |  |  |                 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           | 1201       | 0314                            | 9             |
|  | (Type ar pr                                   | DAMME First Middle Lost Principle Place Principle Place Principle Place Principle Place Place Principle Place Plac |                                  |                                  |                      |  |  |                 |   |           |            |                                 |               |
|  | DEECASED NAME (Type or point)   JACOB         |  |                                  |                                  |                      |  |  |                 |   |           |            |                                 |               |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAILTIMORE, MARYLAND 21201  O 3 1 4 9  L DECEASED NAME (Type or point)  JACOB H. ALLISON HARCH 2, DOY 1965 FOR STATE MARKED JACOB H. ALLISON MARKED 20. DATE OF DEATH ARCH 2, DOY 1965 FOR STATE MARKED PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY) PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY) PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  COUNTRY OF DEATH COUNTRY PENNSYLVANIA USA  COUNTRY OF DEATH COUNTRY PENNSYLVANIA USA  10. CITI ZOR TOWN OF DEATH COUNTRY PENNSYLVANIA USA  COUNTRY OF USA  COUNTRY  10. CITI ZOR TOWN COUNTRY PENNSYLVANIA USA  COUNTRY  10. CITI ZOR TOWN COUNTRY PENNSYLVANIA USA  COUNTRY  10. CITI ZOR TOWN COUNTRY PENNSYLVANIA USA  COUNTRY PEN | Md  |  |                                  |                                  |                      |  |  |                 |   |           |            |                                 |               |
|  | BUSINESS OR<br>ESE COR                        |  |                                  |                                  |                      |  |  |                 |   |           |            |                                 |               |
|  |   |  |                                  |                                  |                      |  |  |                 |   |           |            |                                 |               |
|  | 14. FATHER'S N                                |  | IEL                              |                                  |                      | ISON   | . MOTHER'S MAI                             | DEN NAME First  | А                                       | N         | Middle     | НА                              |               |
|  |   |  |                                  |                                  |                      |  |  | ECORD,          | 90 SET                                  |           |            | , CUMB.                         | ,MD.          |
|  | Candition rise to in stating t last.  PART 2. | T I. DEATH WAS<br>I<br>us, if any, which<br>nmediate caus<br>he underlying   | MMEDIATE ( a gave) se (a), cause | DUE TO, OR  (b)  DUE TO, OR  (c) | AS A CONSEQUENCE O   | F F  | THE TERMINAL                               | DISEASE ORCOND  | DITION GIVEN IN                         | PART I(a  | )          | BETWEEN ON                      | SET AND DEATH |
| 1  | 19a. DATE                                     |  |                                  | DITION FOR WI                    | HICH OPERATION WAS F |  | YES 🗀                                      | NO K            | CAUSES OF                               | DEATH?    |            |                                 | RTIFYING      |
| 1  |   | RIBUTING CAUS  | E OE DEATH                       | HOUR A.M.                        | Manth Day Yea        | 1  | OW INJURY OCCU                             | RRED (Enter nat | ture of injury in                       | Part 1 ar | Part 2, It | tem 1B.)                        |               |
|  | While at wark  22a. I so co                   | Nat while at wark certify that we the decea  | (1) (this h                      | aspital) att                     | rended the decea     | sed fram<br>19 <u>67</u> , one<br>bady after o | that in (my)<br>leath.  ATTENDING<br>PHYS. | (our) opinio    | on death occu                           | rred on   | 22c. D     | I that e ond hour of the signed | (I) (we) last |
| CUMBERLAND    30. USUAL RESIDENCE (Where deceased lived, if institutions, Residence before   13c. CHIY OF TOWN   13b. COUNTY   ALLEGANY   FLINSTONE   12b. STREET AND NUMBER   ROUTE # 2     4. FATHERS MAME   First   Middle   Lost   B.   ALLISON   SARA   H.     5. FATHERS MAME   First   Middle   Lost   B.   ALLISON   SARA   H.     160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   HOSP.   RECORD, 9.00 SETON   DRIVE, CUMB   SARA   H.     18c. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), so to ting in the underlying cause (a), stating the underlying cause (a), stating the underlying cause (a), stating the underlying cause (b).   Social SECURITY WAS DECEASED EVER (b)   SOCIAL SECURITY NO.   17. INFORMANT   HOSP.   RECORD, 9.00 SETON   DRIVE, CUMB   SARA   H.     190. DATE OF OPERATION   19b. CONDITION S CONSEQUENCE OF (c)   Social SECURITY NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social SECURITY NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social SECURITY NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social SECURITY NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social SECURITY NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social SECURITY NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social SECURITY NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social Security NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social Security NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social Security NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social Security NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social Security NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social Security NO.   19b. CONDITION S CONSEQUENCE OF (c)   Social Security NO.   19b. CONDITION S CONSEQUENCE OF (c)   19b. CONSEQUENCE |   | é, an.   | ZIŞTZ                            |                                  |                      |  |  |                 |   |           |            |                                 |               |
| l  | REMOVI  | (PAID)   | MARC                             | H 5, 1                           | 969 HILL             | CREST B  | URIAL P.                                   | ARK             | CUMBER                                  | LAND      | ALI        | LEGANY 1                        |               |
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| ROUTE / 2      | 31                          | FLINSTON                  |   |   | NATURO  | 7.1  |
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|                | ALLEGAMY<br>ROUTE # 2<br>RA | NLLEGANY L ROUTE # 2 SPRA | *7-18-18*  ALT HOSFITAL  FLINSTONE  150N  SARA  -450 HUSP. NECORD, 900 SETON ORIV | P-ID-IB  ALLEGAMY  CRED HEART HOSFITAL  FLINSTONE  ROUTE # 2  ALLISON  214-05-4450 HOSF. NECCRD, 900 SETON ORIV | NHITE       07-10-10         JSA       )       NLLEGAMY         SACRED HEART HOSFITAL       ROUTE # 2         FLINSTONE       ROUTE # 2         B. ALLISON       SARA         214-05-450 HOSP. NECCRO, 900 SETON ORTH | THITE 7-18-18  ISYLVAMA JEA JEAN JEAN JEAN JEAN JEAN JEAN JEAN |

SILCON FUNERAL HOME, CUMB., MD.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 03150 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle Last 2a. DATE KNOWN Month Day Year 2b. HOUR A (Type or Print) ESTI-Blanche Virginia Ashby DEATH MATED March 16.1969 3:08 delay and 3 IF UNDER 24 HRS. 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOURA and HOURS 56 YR Sept. 15, 1912 3:07 White Female. March 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country Virginia Allegany U.S.A. Give Poges ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR glong with during mast of working life, even if retired.) Sacred Heart Hospital INDUSTRY Cumberland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Virginia Ab. COUNTY Fauquier in Item 18. YES NO W Marshall Star Route icate, writing the word "pending" in pencil in Item 1 be forworded to the Chief Medical Examiner's Office l and 2 after 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Gilbert N. Ashby Rose A. Weadon pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) (If yes give war or dates of service) 224-48-8761 B.F. Bragg. LaVale. Md. Fie within 72 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinomatosis. generalized 2 Months IMMEDIATE CAUSE (a)\_ event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave 1 Year Carcinoma of Ascending Colon rise to immediate cause (a). ony certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 05 removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? ricate, This NO X pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 0 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should 4 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry T and in my apinian director. Natural causes X. Accident . Suicide death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE March 16. 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or county) Cumberland. Md. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 3/18/69 Orlean Cemetery Fauquier Virginia
25b. REGISTRÂR'S SIGNATURE Orlean. 2Sa. REC'D BY REGISTRAR 230 Balto. Ave., Cumberland, Md. DAMAR VR A15ME (5) 10M REV. 1/68

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| ed in by the funeral<br>pers. Pages I ond 2<br>72 hours after death. |               | ECEASED-NAME Fire   | LEWIS   | Middle<br>R.                                       | Lost                                     | 2a.                | DATE OF DEATH  Month  16                  | Doy 69 Yeor                          | 2b. HOURP                        |
|  | 3. 51         | MALE  | 4. RACE   | ITE  | 5. DATE OF 81R                           | 11                 | 6. AGE (In years<br>lost birthoay)        | IF UNDER 1 YEAR MONTHS DAYS RS.      | IF UNDER 24 HRS. HOURS MIN.      |
|  | cau           | BIRTHPLACE (Stote or foreign PENNA.   | 75. CITIZEN OF WE                                   |  |  | CED [              | JNTY OF DEATH                             | ALLEGAN                              | Y Md.                            |
| 2  |               | CUMBERLAND  | 95%   | ICRED SHEAR  | STITUTION (If not in hospital T HOSPITAL | during most Af     | UPATION (Kind of work do                  | 12b. KIND OF<br>INDUSTRY             | BUSINESS OR                      |
| ) /  | adm           | USUAL RESIDENCE (Where dece issian) STATE MARYLAN   | osed lived, if institut<br>ID 13b. COUNTY           | ian: Residence befare ALLEGANY                     | CUMBERLAND                               |                    | 13e. STREET AND NUMBER 221 GLEASON        | STREET                               |                                  |
| /  |               | FATHER'S NAME First  JOH  |   |  | ERS 15. MOTHER'S MAI                     |                    | ARY E. (BONHE                             | IMER) AY                             |                                  |
|  | 16a.          | es, no d unknawn) (If yes give  | RMED FORCES?  war or dates of service)              | 16b. SOCIAL SECURITY 2 14 07 4                     |  | EART HOSE          |   | 900 SETO                             |                                  |
|  |               | 18. CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUS                                    | anly ane cause per lin<br>ED BY:<br>PIATE CAUSE (o) | -11-11-  | Jobov 1                                  | Prem               | mia                                       |                                      | MATE INTERVAL<br>INSET AND GEATH |
| ,  |               | Conditions, if ony, which gove  | DUE TO, OR A  | AS A CONSEQUENCE OF                                |  |                    |   |                                      | 1                                |
|  |               | rise ta immediate couse (a),<br>stating the underlying cause<br>last.                     |   | S A CONSEQUENCE OF                                 |  | K- HA              | 1-72-1-13                                 |                                      |                                  |
|  | 7             | PART 2. OTHER SIGNIFICANT (C)   | ONDITIONS CONTRIBU                                  | TING TO DEATH BUT N                                | OT RELATED TO THE TERMINAL               | DISEASE OR CONDITI | ON GIVEN IN PART I(a)                     |                                      |                                  |
| 2  | CERTIFICATION | 190. DATE OF OPERATION 198  | . CONDITION FOR WH                                  | HA OPERATION WAS PE                                | RFORMED 200. AUTOP                       | PSY?               | 20b. IF YES WERE FINDING CAUSES OF DEATH? | S CONSIDERED IN CE                   | ERTIFYING .                      |
|  | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLY ☐ OR CONTRIBUTING ☐ CAUSE OF DE (If either, notify medicol exon | ATH HOUR A.M.                                       | INJURY<br>Month Day Year                           |  | URRED (Enter notur | e of injury in Part 1 or Port             | 2, Item 18.)                         |                                  |
|  |               | 21d. INJURY OCCURRED 21-<br>While Nat while at work 21-                                   | e. PLACE OF INJURY                                  | AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC. |  | ar R.F.D. No.      | City or Town                              | County                               | Stote                            |
|  |               | 220. I certify that (I) (t  | olive on  | 3//6   | 96 7 and that in (my                     | ) (our) apinion    | ta  | 19 <u>6</u> 9, that<br>date and hour | (I) (we) lost<br>ond fram the    |
|  |               | 22b. SIGNATURE  | Jafo,   | gra-   | DEGREE PHYS.                             | DIRECTO            | C SIAH C                                  | 2c. DATE SIGNED                      | 1/69                             |
| 1  |               |   | J.A. PAGA   |  |  | NATIONAL           | . HWY -LAVALE                             | , MARYLAI                            | ND                               |
|  |               |   | 19/69   | Hillcre  | cemetery or crematory<br>est Burial Par  | rk C               | LOCATION (City or Town) umberland Al      |                                      | (State)<br>cryland               |
| R  | 24.<br>S      | FUNERAL DIRECTOR ILCOX -MERRITT   | FUNERAL   | 404 DECA   | TUR -CUMB., MD                           | DATE AR 2          | STRAR 25b. REGISTRA                       | R'S SIGNATURE                        | ge.                              |

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|                           | (0) 1101    | HOSPITAL      | nciso HEALT | 2        | CHASELLAND       |
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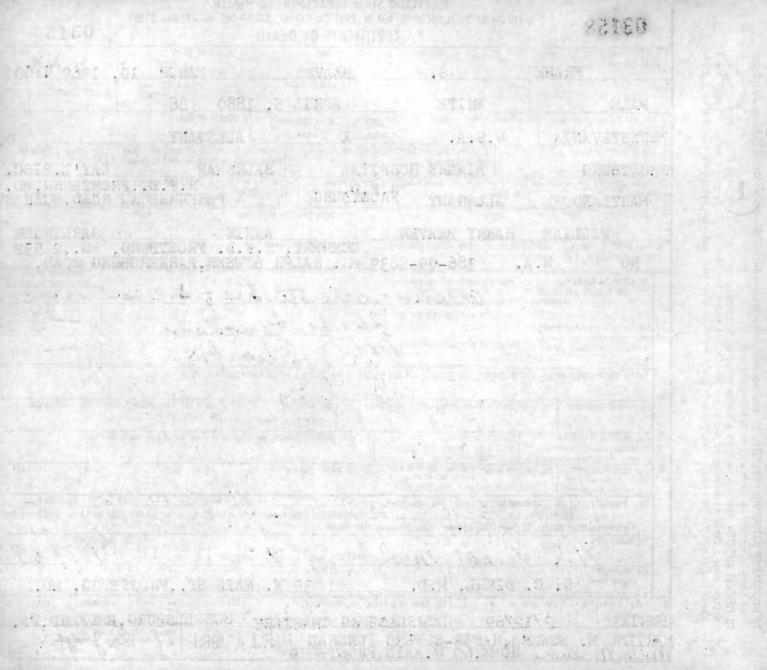
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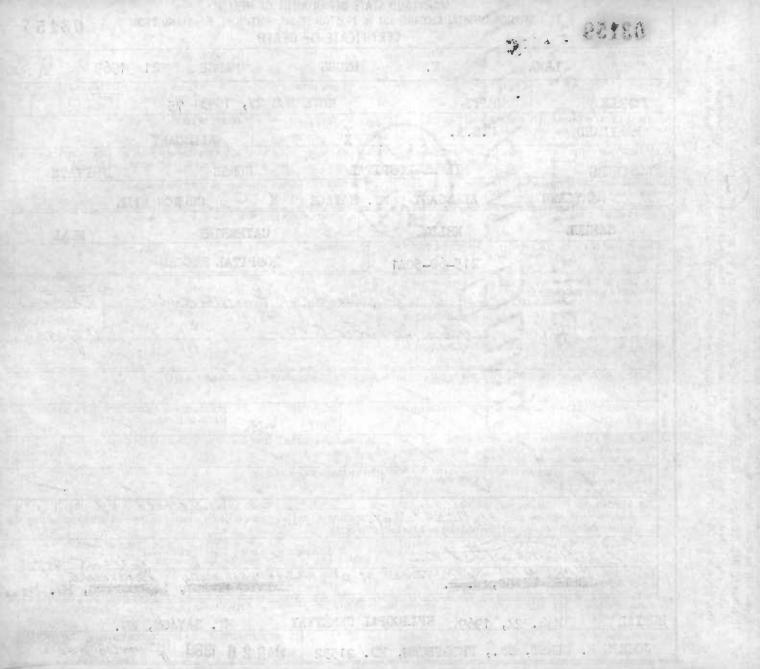
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SILCEN HIERRITT FLAREAL -400 DECATUR -60083., NO. .

MADAM . A. L . M

THE STATE OF State of the state In the same and th Normal Talentia Committee Manager Committee Committe the transfer of the community of the contract AND THE RESERVE OF THE PROPERTY OF THE PROPERT





| CERTIFICATE OF DEATH  I. DECASED-NAME (type or print)  ARTHUR  ARTHUR  ARTHUR  ARTHUR  ARTHUR  ARTHUR  BELCHER  S. DATE OF BIRTH  O9—13—01  6. AGE (in years into lost being i | T          | tem13d  | FilmG41]   | DIVISION  |  |  |                           |                                   |                                | D 21201          | 0218                              |                       |
|--|------------|---|--|---|--|--|---------------------------|-----------------------------------|--------------------------------|------------------|-----------------------------------|-----------------------|
| SEX   ARTHUR   BELCHER   Month 03 Doy 06 Year 69   5:455   |            |   | 03   |   |  |  |                           |                                   |                                |                  | 0013                              | 00                    |
| MALE  WHITE  O9-13-01  Instributed (Sister or foreign country) PENSYLVANIA  To. BIRTHPLACE (Sister or foreign country) PENSYLVANIA  To. CITIZEN OF WHAT COUNTRY?  U.S.A.  **MARRIED   NEVER MARRIED   VIOLED   VIO |            | (Type or print  | ,  | R   | Middle<br>J .  |  |                           | 20.                               | DATE OF DEATH                  | onth 03 Day      | 06 Year 69                        | 2b. HOUR /<br>5:45M   |
| Country   Coun   | L          |   |  |   | IITE   |  |                           | 3-01                              | 6. AGE<br>last l               | bighday)         |                                   |                       |
| CUMBERLAND    30. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)   STATE   | · ·        | ountry PENN   | SYLVANIA   | U.  | S.A.   | WIDOWED [                                      | DIVORCED                  |                                   |                                | Y COUNT          | Υ                                 | Md                    |
| STATE   MARYLAND   13b. COUNTY   ALLEGANY   LA VALE   YESTA   NO   517 NATIONALHIGHWAY   |            | CUMB  | ERLAND   | 8   | ACRED HEAR   | T HOSPI  |                           |                                   |                                |                  | 12b. KIND OF BUSIN                |                       |
| RICHARD  BELCHER  (MERRILL) FANNIE  BELCHER  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, pointhnown)  (If yet give wor or dottes disease)  297-10-6622  SACRED HEART, 900 SETON DR., CUMB., MD. 215 22  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE 10, OR AS A CONSEQUENCE OF  Institute to immediate couse (a), storing the underlying couse  (b)  DUE 10, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  191. THE OF INJURY  192. 210. ACCIDENT WAS UNDERLYING  192. 210. AUSTO OF CONTRIBUTION OF CONTRIBUTI | 00         | lmission) STA   | MARYLAN  | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  03155  CERTIFICATE OF DEATH    Control   Control |  |  |                           |                                   |                                |                  |                                   |                       |
| 166. SOCIAL SECURITY NO.   17. INFORMANT   215   | 34         |   |  | Middle  |  |  |                           |                                   | NIE                            | Middle           |                                   |                       |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Process  State Underlying couse (b).  DUE TO, OR AS A CONSEQUENCE OF Process  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING OK CONTRIBUTING 21b. TIME OF INJURY OF P.M.  111 either, notify medical examiner) P.M.  212. INJURY OCCURRED YES BUILDING, ETC.  While Nor which Power and North Power P.M.  220. I certify that (i) (this hospital) at Home, FARM, STREET, FACTORY; OFFICE BUILDING, ETC.  220. I certify that (i) (this hospital) at the deceased from 114 or Power P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify that (i) (this hospital) at the deceased from 114 or P.M.  220. I certify t | 1          | Yes, no prunk   | SED EVER IN U.S. AF<br>(If yes give                          | MED FORCES?<br>wor or dates of service)   |  |  | NFORMANT                  |                                   |                                |                  |                                   |                       |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  19 21d. INJURY OCCURRED While of twork of two things of the process o |            | Canditions, rise to imm stating the last.  PART 2. OT | if any, which gave<br>nediote couse (o),<br>underlying couse | DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)   | R AS A CONSEQUENCE OF                                | 5 m rece                                       | THE TERMINAL DISE         | ASE OR CONDITION                  | dele rui                       | 27 1(a)          |                                   |                       |
| OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  19 21d. INJURY OCCURRED While of twork of two things of the process o | OTTO CATIO | 19a. DATE OI  |  |   | WHICH OPERATION WAS PE                               |  | YES 🗌                     |                                   | CAUSES OF DEA                  | TH?              |                                   | YING                  |
| While Not while at work of the deceased from 11 19 19 19 19 19 19 19 19 19 19 19 19  |            | OR CONTRIE  | BUTING CAUSE OF DE.  | ATH HOUR A.I  | M. Month Doy Yeor<br>M.                              | 9  |                           |                                   | of injury in Par               | t 1 or Port 2, I | tem 18.)                          |                       |
| 22b. SIGNATURE 22b. SIGNATURE 22c. DATE SIGNED  22b. SIGNATURE 22c. DATE SIGNED  22c. DATE SIGNED  3 6 6 9   |            | While at work   | Nat while at wark  |   |  |  |                           |                                   |                                |                  |                                   |                       |
| Calvin J- Dadidia, M.D. DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR 3/6/69.  |            | COUS  | es stated abay   | his hospitol) colive on 1<br>re, (I) (we) (di   | ttended the deceas<br>)-c 4<br>d) (did not) view the | ed from/<br>19 <u>68</u> , ond<br>bady after d | thot in (my) (or<br>eath. | , 19 <u>69</u> ,<br>ur) opinion d | ta <u>3-6</u><br>leoth occurre | d on the do      | 6 4 , that (I)<br>te ond hour and | (we) last<br>from the |
|  | I          |   | Calnin   | y- A  | adudiai, D   | . D _ DEGRE                                    | ATTENDING PHYS.           | MED.<br>DIRECTOR                  | STAFF PHYS.                    |                  | 16/69.                            |                       |
|  | L          | REMOVARIT   | PACTY)   | ARCH 8,   | 1969 UNI   | ON C   | emetery                   | Me                                | Versdal                        | E SOI            | merset 1                          | PA.                   |
| REPOURDATION MARCH 8,1969 UNION CEMETERY MOJERSDALE Somerset PA.   | 24         |   |  | 404 DECA  | ADDRESS<br>ATUR STREET                               |  |                           | MAR REGIS                         | 7 1969                         | REGISTRAP'S      | SIGNATURE JULY                    | IL.                   |

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## FOR STATE HEALTH DEPT. 2, and 3 to P.M.3. Poge Eile adges Land 2 with the State Deportment of Exominer's Office along with form ja-peqcil in Item 18. Give Poges 1, This certificate should be executed within 24 hours ofter death Health prior to burial, cremation, or removal, and in any event within 72 hours after death. the funeral director. Page 4 should be forwarded to the Chief Medical TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit necessory, please execute the certificate, writing the word "pending"

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 0316                                | SEC-NAME of Print  Noel   Second   Se |                         |                 |               |              |             |                 |            |                                       |                              |  |
|-------------------------------------|--|-------------------------|-----------------|---------------|--------------|-------------|-----------------|------------|---------------------------------------|------------------------------|--|
| 1. DECEASED-NAME<br>(Type or Print) | First  |                         | Midd            | le            |              | Lost        |                 |            | 20. DATE KNOWN Month                  |                              | 2b. HOUF   |
| (Type of Timit)                     | Noel   |                         |                 |               | Ber          | verli       | n               |            | DEATH MATED March                     | 23,1969                      | 1304   |
| 3. SEX .                            | 4. RACE  | 5. DATE OF BIRTI        | 1               | 6. AGE (In ye | rura         |             |                 |            | 2c. DATE PRONOUNCED DEAD              |                              | 2d. HOUR   |
| Male                                | White  | June 13                 | 1905            |               | ,,           | DATS        | MOUKS           | min.       | March 23,00196                        | 9 Yeor ,12:                  | 45 P   |
|                                     |  |                         |                 | 8.            | MARRIED      | NEVER MAI   | RRIED 🔲         | 9. COU     | INTY OF DEATH                         |                              | 1280   |
| ountry) West                        | Va   | U.S.A.                  |                 |               | WIDOWED [    | DIVO        | RCED _          | 110        | Allega                                | any                          | N  |
| O. CITY OR TOWN O                   | F DEATH  | 11. NA                  | NE OF HOSPITAL  | OR INSTITU    | TION (If not | in hospitol |                 |            | CUPATION (Kind of work done           | 12b. KIND OF BUST            | NESS OR  |
| Cumberla                            | ind  | Mem                     | orial F         | Iospit        | alD          | AC          | Ste             | el V       | Vorker                                | INDUSTRY                     |  |
| 30. USUAL RESIDEN                   | CE (Where deceose  | d lived, if instituti   | on: Residence   |               |              |             |                 |            |                                       |                              | NAME OF THE OWNER, OWNE |
| odmission) STATE                    | Maryland   | 13b. COUNTYA 7          | legany          | Cu            | mberla       | and         | YES N           | 0 🗌        | 214 Frederick                         | Street                       |  |
| 4. FATHER'S NAME                    |  |                         |                 | Lost          | IS. MO       | THER'S MAII | DEN NAME        |            |                                       |                              |  |
|                                     | William  | Thom                    | as Be           | everli        | n            |             |                 | Vic        | ctoria Elizabe                        | th Bonn                      | ell  |
|                                     |  |                         | 6b. SOCIAL SECU | JRITY NO.     |              |             |                 | 2          | ADDRESS 214                           | Frederi                      | ck St  |
| Yes                                 | WW II  | ar or dates of service) | 291-01-         | -3913         | Edna         | Beve        | rlin            |            | Cuml                                  | berland,                     | Md   |
|                                     |  |                         | far (a), (b), a | nd (c).)      | 4-0-         |             |                 |            | No. of Control of Control             | APPROXIMATE<br>BETWEEN ONSET | INTERVAL<br>AND DEATH  |
| PART I. C                           |  |                         |                 |               | CORON        | ARY         | THROM           | BOS:       | IS, LEFT                              |                              |  |
| 1410                                | 9  |                         | S A CONSEQUE    | NCE OF        | 2 50         |             | Schul.          |            | With the second second                | 1000                         | 1000   |
|                                     |  | (b)                     |                 |               | Cor          | onary       | Scl             | eros       | sis                                   |                              |  |
|                                     |  |                         | S A CONSEQUE    | NCE OF        |              | 27.3        | 684C            | 439        |                                       | Contract of                  |  |
| lost.                               | ,  | (c)                     |                 |               |              |             |                 |            |                                       | 1-2                          |  |
| PART 2. OTHER                       | SIGNIFICANT CONDIT   | IONS CONTRIBUTIN        | G TO DEATH BU   | JT NOT RELA   | TED TO THE 1 | ERMINAL D   | ISEASE OR C     | ONDITIO    | ON GIVEN IN PART 1(0)                 |                              |  |
| S 190 DATE OF C                     | PERATION   | Iı                      | 9h CONDITION    | FOR WHICH     | OPERATION    |             |                 | 200        |                                       | 120 AUTOPSY                  | 12   |
| 190. DATE OF C                      | CRATION  |                         |                 |               | OI ERATION   |             |                 |            |                                       |                              |  |
| 210 EXTERNAL                        | CAUSE WAS  | 121h TIME OF IN         | ILIRY Month D   | ny Yenr       | I 21c HOW    | IN ILIRY OC | CURRED /En      | ter notu   | re of injury in Port 1 or Port 2 Ite  |                              | NO [   |
|                                     | R CONTRIBUTING   | HOUR A.M.               |                 |               | 210.104      | mookt oc    | CORRED (EII     | iei iioiu  | ie of injury in roll   of fort 2, ise | WII 10.)                     |  |
|                                     |  |                         |                 | .,            | 21f 10(A)    | ION Street  | or R F D. No.   |            | City or Town                          | County                       | State  |
|                                     |  | ory, office building,   | etc.)           | 11001,        | 211. 00081   | ION Sireer  | 31 K.I .D. 160. |            | City of fown                          | coomy                        | 31018  |
| 22a. I                              | certify that I to  | ok chorge of the        | e remains de    | scribed of    | ove, held    | an Auto     | psy 👿,          | Ins        | spection XX InquiryXX                 | , and in my                  | y opinio   |
| death re                            | sulted from:   | Notural cause           | sXX, Ac         | cident [      | ], Suicid    | e           | Hamicid         | e 🔲        | Undetermined manner                   |                              |  |
| A MARIE                             | 0  |                         | Qat.            | 200           | ,            | CHIE        | F MEDICAL       | EXAMINI    | ER 🗆                                  |                              |  |
| ACTUAL<br>SIGNATURE                 | Denes  | dect X                  | Kita            | reli          | 1            |             |                 |            | MILITALIN                             |                              |  |
| EXAMINER'S                          | DEMITTO:   | T. COT                  |                 |               |              | DEP         | UTY MEDICA      | L EXAMI    | NER XX March 23,                      | 1969                         | 78/30  |
| NAME (Type)                         | BENED  | LUT SKI                 | CARELIC         | , M.          | D.           | ADD         | RESS(Street,    | , city, to | wn, or counter LAND,                  | MARYLAN:                     | D  |
| 230 BURIAL CREMA                    | TION 23b I   | DATE                    | 23c NA          | ME OF CEME    | FRY OR CRE   | MATORY      |                 | 234        | IOCATION (City or Town)               | (County) (St                 | tota)  |

Center Point Cemetery
ADDRESS 21502 25

Salem

250. REC'D BY REGISTRAR DAMAR 2 6 1969

Harrison

25b. REGISTRAR'S SIGNATURE

W. Va

VR A15ME (5) 10M REV. 1/68

Burial (Specify)

24. FUNERAL DIRECTOR

3/26/69

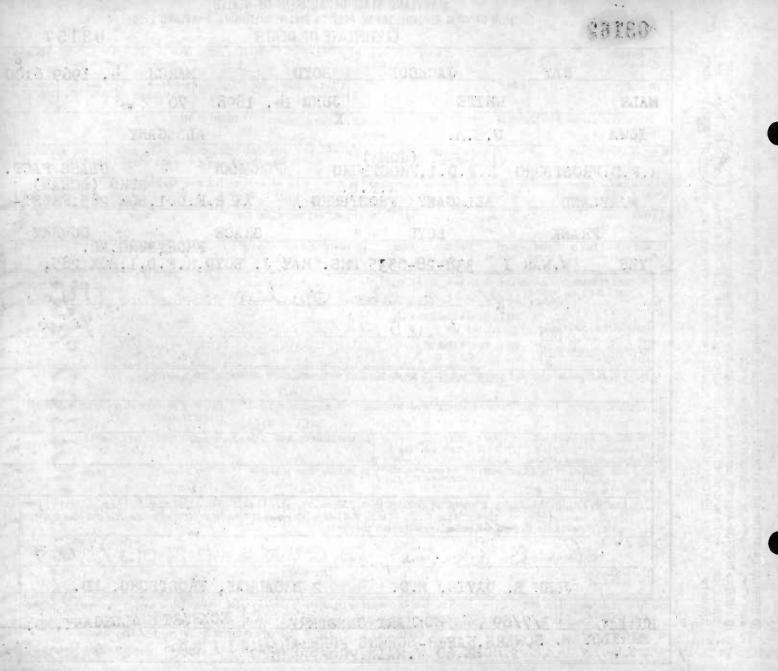
Silcox-Merritt Funeral Service. Cumberland, Md

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|          | LECVILA COPILLA | 17               | .4.2.        | CHATALY       |
|          |                 | 1/11/12          | STER HEART A | CLIBERTHEO    |
| •        | M. 1, 30) 7     | A SA.            | In HELVE     | 1-30-11/18-11 |
| 31010    | 5.2             | (TERRILL) ISTE   | 3,100        | SILUHUI       |
| And Jan  | H DH., CUMBERL  | SACES HERT, SETC | 214-05-47    | off           |
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MINUST FUHERAL HOME, 57 FIRST AVE., FROSTBURG, NO.

| 0 1  | 03165  | DIVISION OF VITAL RECORD  | S, 301 W. PRESTON STREET, BAI   | TIMORE MARYLAND 21201  |   |
|--|--|---|---|--|---|
|  | Item7 FilmGlil   | .0 3/17/69 kk   | CERTIFICATE OF DEATH  | (  | 03160   |
| death.   | 1. DECEASED-NAME<br>(Type or print)  | First Middle  | Last  | 2a. DATE OF DEATH Manth  | Y Yeor (2b. HOURA                                       |
| a de de  | 3. SEX   | FRANCES A.  | S. DATE OF BIRTH  | 03   | 06 69 4:35 M  |
| at a difference of the second  | FEMALI   |   | 01 15 X9K   | 1895 6. AGE (In years last highway)                                | IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN |
| and a series   | 7o. BIRTHPLACE (State or foreig  | n 7b. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED NEVER MARRIED  | 9. COUNTY OF DEATH   |   |
| 24 h   | cauntry) LITHUANIA   | Lithuania   | WIDOWED X DIVORCED  | ALLEGANY COUNTY  | Md.   |
| within 24 ban pape ban pape  | 10. CITY OR TOWN OF DEATH  CUMBERLANI  | SACRED CHEAR  | T HOSPITAL during   | UAL OCCUPATION (Kind of work dane<br>140ÚSEW) #E even if retired.) | 12b. KIND OF BUSINESS OR<br>INDUSTRY                    |
| ore be executed within 24 haurs after death ictory and campletely filled in by the funeral lease remove carbon papers. Pages 7 and and in any event, within 72 hours effer death   | 13o. USUAL RESIDENCE (Where admission) STATEMARYLA   | deceased lived, if institution: Residence befa  | TE 13c. CITY OR TOWN 13d. INSIDE CITY YES YES                                 |  | AND 21546   |
| be executed control of the control o | 14. FATHER'S NAME First  | Middle Last   | 15. MOTHER'S MAIDEN NAME  | First Middle   | Lost  |
| icion and in   | Joh<br>16a. WAS DECEASED EVER IN U.  | n PEAR  |   | INNA   | PEAR  |
| ph sictore ph sictore on please aval, and i  | Yes, na, or upknown) (If y   | S. ARMED FORCES?<br>as give war ar dates of service) 16b. SOCIAL SECURIT              |   | HOSPITAL, 900 SET  | MD. 21502<br>ON DR., CUMB.,                             |
| PHYSICIAN: The law requires that the death certified to be haspital ar attending physician. his certificate has been signed by the attending physicion estached far use as the burial-transit permit. Then please reports at Health prior to burial, cremation, ar removal, and in   | Canditians, if any, which rise to immediate couse stating the underlying clast.                        | DUE TO, OR AS A CONSEQUENCE (b)   | From Caronel  | age rouler Digen   | 20 Mis.   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-traishauld be filed with the State Dept. af Health priar ta burial, cre  | 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDE  | 19b. CONDITION FOR WHICH OPERATION WAS  | YES NO E  |  |   |
| ICIAN:<br>pital ar<br>rtificate<br>d far u<br>af Hea   | 21a. ACCIDENT WAS UNDER CONTRIBUTING CAUSE.  (If either, notify medical experiences and contributions) | DE DEATH HOUR A.M. Month Doy Ye   | 21c. HOW INJURY OCCURRED (Ent   | er nature of injury in Part 1 or Part 2,                           | Item 1B.)   |
| DING PHYSICIA<br>I by the haspital<br>After this certifica<br>be detached fa<br>State Dept. af H   | While Nat while  | 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.                   | 1   |  | County State  |
| ATTENDING stained by th CTOR: After t shauld be de   | 22a. I certify that (I<br>saw the deceas<br>causes stated a  | ) (this haspital) ottended the deceded alive on bave (1) (we) (did) (did nat) view th | ised fram 3/5, 199<br>1969, and that in (my) (our) all<br>e body after death. | oinian deoth accurred an the da                                    | te ond hour and from the                                |
| may be retained RAL DIRECTOR: A region of the control of the contr | 220. STOTIVITORE   | Mifligan  | DEGREE PHYS.  | MED. STAFF 22c.  | DATE SIGNED 3/169                                       |
| TO HOSPITAL<br>Page 4 may k<br>TO FUNERAL D<br>director, pag<br>shauld be file   |  | A. PAGAN, M.D.  |   | HWY., LA VALE,   | MD. 21502   |
| TO HOSPI) Page 4 m TO FUNER, director, shauld b  | Burial (Specify)   |   | abriels Cemetery  MD, 215326. RECD  | 23d. LOCATION (City or Town)  Barton, Md                           | (Caunty) (State)  |
| VR A15   | 24. FUNERAL DIRECTOR EICHHORN FUNE   | RAL HOME, 8 E. MAIN   | ST. LONACONING MA   | BY REGISTRAR 2Sb. REGISTRAR'S                                      | SIGNATURE   |
| 1.DN   |  |   | DAIR  | - 4 1389 ICC   | e. n  |

| [5:4 c) [9.  | 20                | S-1       | <b>1.</b> 138 | Α.          | FPICES | Ā            |
|--------------|-------------------|-----------|---------------|-------------|--------|--------------|
| 4            | 75 7.             | 15 32     | 0             | STIHV       |        | FEMALE       |
| Y            | ALLEGALY CIUNT    |           | W.            |             |        | LITHUANIA    |
|              | BFI /BZUDI        | -         | MUSELLVE      | C.LED HEALT | A 3    | CHARGEONLO   |
| YLA 5 21546  | AM , 13/11        |           | MIKER         | VILLEGUMA   | (      | HAT YLAN     |
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| H). 21502    | CSPITEL, DOCS     | I THATE O | TH SACE       | 1 2-01-64   |        |              |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03161 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth P (Type ar print) MARY CARDER Month 25 MARCH Day 96 Kgar 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) DAYS HOURS FEMALE WHITE 11-11-84 70. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) USA ALLEGANY WIDOWED D DIVORCED [ campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY CUMBERLAND Housekeeper - At Home event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE 13b. COUNTY WAVFRI TERRACE in ony 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost ELLICK **EMERICK** C核ARA JANE KENNELL pup physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) 212-05-0788D MEMORIALHOSPITAL. CUMBERLAND. MD. remavoľ, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) burial, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health prior to has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES -NO T TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 20 OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year State Dept. of If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from Pinc. Vo. 1964, ta Charters saw the deceosed alive on Man 75 196 2, and that in (my) (our) apinion death accurred on the date and hour and from the retained couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING be filed DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should be DURRETT. 236 VIRGINIA AVE. CUMBERLAND, MD. 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 3/28/69 Hillcrest Burial Park Cumberland Allegany Maryland 24. FUNERAL DIRECTOR ADDRESS 21502 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1969 Milesulas Cuedas DATE Silcox-Merritt Funeral Service. Cumberland.Md

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| 1   |               | 03167   | DIVISION OF VITAL RECOI  |                                    | PRESTON STREET, BAI                |                                | RYLAND 21201                                  | 004                         |                                 |
|---|---------------|---|--|------------------------------------|------------------------------------|--------------------------------|---|-----------------------------|---------------------------------|
| . 2   | 1 0           | ECEASED-NAME  | Middle   | CENTIN                             | lost                               | 2o. DATE OF                    | DEATH   | 031                         | 6.2                             |
| ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remave carbait papers. Pages 1 and 2 ith the State Dept. at Health priar ta burial, crematian, ar remavol, and in any event, within, 72 hours after death. | (             | ype or print) Kach  | erene made   | E S.                               | COBLE                              | 3                              | Month Doy                                     | 69 Yeor                     | 2b. HOUR P                      |
| vithin 24 hours after death.  If filled in by the funeral part, pages 1 and 2 within 72 hours after death.  | 3. \$         | FEMALE  | 4. RACE WHITE  | 1112                               | S. DATE OF BIRTH 12/26/05          |                                | 6. AGE (In years last birthdoy)               | IF UNGER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS.<br>HOURS MIN   |
| s. Pa   | 70.<br>cou    | BIRTHPLACE (Stote or foreign  | 7b. CITIZEN OF WHAT COUNTRY?                                       | 8. MARRIE                          | NEVER MARRIED                      | 9. COUNTY OF                   | DEATH   |                             |                                 |
| d in  | 10            | VIRGINIA  | UNITED STATES  | WIDOWE                             |                                    | ALLEG                          |   |                             | Md.                             |
|   |               | ITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL give street oddress)                          |                                    | not in hospitol 120. US during     | UAL OCCUPATION most of working | (Kind of work done<br>life, even if retired.) | 12b. KIND OF<br>INDUSTRY    | BUSINESS OR                     |
| m   | 13o.          | UMBERLAND MD USUAL RESIDENCE (Where decease   | sed lived, if institution: Residence be                            | fore 13c, CITY                     | HOSPITAL BO                        | LIMITS? 13e. STE               | life, even if retired.)  REET AND NUMBER      | PHUMBING                    | TNG                             |
| signed by the attending physician and campletely burial-transit permit. Then please remaye carbon burial, crematian, ar remayal, and in any event, wi   |               | ssion) STATE MARYLAND   |  | LAV                                | ALE YES X                          | NO 54                          | O_NATIONAL                                    |                             |                                 |
| n an  | 14.           | FATHER'S NAME First   | Middle Stol  | 2-11                               | IS. MOTHER'S MAIDEN NAME           |                                | Middle  |                             | lost                            |
|   | 160           | GEORGE<br>WAS DECEASED EVER IN U.S. ARM   | MED FORCES? 16b. SOCIAL SECU                                       | RITY NO 17                         | (PRESSMAN)                         | LENA                           | Address                                       |                             | STOBALL                         |
|   |               | es, no, or unknown) (If yes give w  | var or dates of service) 2 14 05                                   |                                    | PATIENT'S HO                       | SPITAL C                       | HART CL                                       | O SETON                     | DRIVE                           |
| attending p<br>permit. The<br>ian, ar rema  |               | 18. CAUSE OF DEATH (Enter on  | ly one couse per line for (o), (b), on                             | d (c).)                            |                                    |                                |   | APPROXI                     | MATE INTERVAL<br>NSET AND DEATH |
| rmit.   |               | PART I. DEATH WAS CAUSEI  |  | neng                               | omala                              | 2200                           |   |                             |                                 |
| t per   |               | Conditions, if ony, which gave)   | DUE TO, OR AS A CONSEQUENC   | E OF                               | A.                                 |                                | 01  |                             |                                 |
| ansi<br>ansi<br>remo  |               | rise to immediate couse (a),<br>stating the underlying couse  | DUE TO, OR AS A CONSEQUENCE  | E OF                               | elle Care                          | and my                         | adjuin  | 7                           |                                 |
| has been signed by se as the burial-tra h priar ta burial, cre  |               | last.   | (c)  | 0                                  |                                    |                                |   |                             |                                 |
| a buri  |               | PART 2. OTHER SIGNIFICANT COM   | NDITIONS CONTRIBUTING TO DEATH B                                   | UT NOT RELATED                     | TO THE TERMINAL DISEASE OF         | CONDITION GIVEN                | I IN PART 1(o)                                |                             |                                 |
| far use as the<br>Health priar ta   | CERTIFICATION | 190. DATE OF OPERATION 19b.   | CONDITION FOR WHICH OPERATION W                                    | AS PERFORMED                       | 20a. AUTOPSY?                      | 20b. IF                        | YES, WERE FINDINGS (                          | ONSIDERED IN CI             | ERTIFYING                       |
| director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior to  | RTIFIC        |   |  |                                    | YES NO 5                           |                                | OF DEATH?                                     |                             |                                 |
| af Hea  | MEDICAL CE    | 21o. ACCIDENT WAS UNDERLYIN<br>OR CONTRIBUTING CAUSE OF DEAT<br>(If either, notify medical examination) | H HOUR A.M. Month Doy  | Yeor                               | HOW INJURY OCCURRED (En            | er noture of injur             | y in Port 1 or Port 2,                        | Item 18.)                   |                                 |
|   | ME            |   | PLACE OF INJURY ( AT HOME, FARM, STRI<br>OFFICE BUILDING, ETC      |                                    | LOCATION Street or R.F.D. N        | o. City                        | or Town                                       | County                      | Stote                           |
| State Dept. af H  | 133           | di work of work   | is haspital) attended the dec                                      | eased from_                        | 8/02/19                            | 68, to_                        | May 19  | 69, that                    | (D) (we) last                   |
| the   |               | saw the deceased a causes stated abave  | is haspital) attended the dec<br>live an (we) (did) (did nat) view | 19 <i>_69</i> ,a<br>the bady after | nd that in (my) (aur) of<br>death. | oinian death a                 | ccurred an the da                             | te and hour                 | and fram the                    |
| × /   |               | 22b. SIGNATURE  | .00-0  | 2/                                 |                                    | MED. DIRECTOR                  |   | DATE SIGNED                 | 10                              |
| shauld be filed with the  |               | 22d. PHYSICIAN'S  | Menter   | T DEC                              | PHYS. 22e. ADDRESS                 | DIRECTOR L                     | .PHYS. $\square$                              | 7/10                        | 167,                            |
| ld be   |               |   | MILTENBERGER   |                                    | 122 S. C                           | ENTRE ST                       | ., CUMBERL                                    | AND, MD                     | . 21502                         |
|   | 230.          | RURIAL, (REMATION 23b. I  | DATE 14/69 1230 NAM  | E OF GEMETERY O                    | R CREMATORY Memo Ph.               | 23d. LOCATIO                   | N (City or Town)                              | (County)                    | (State)                         |
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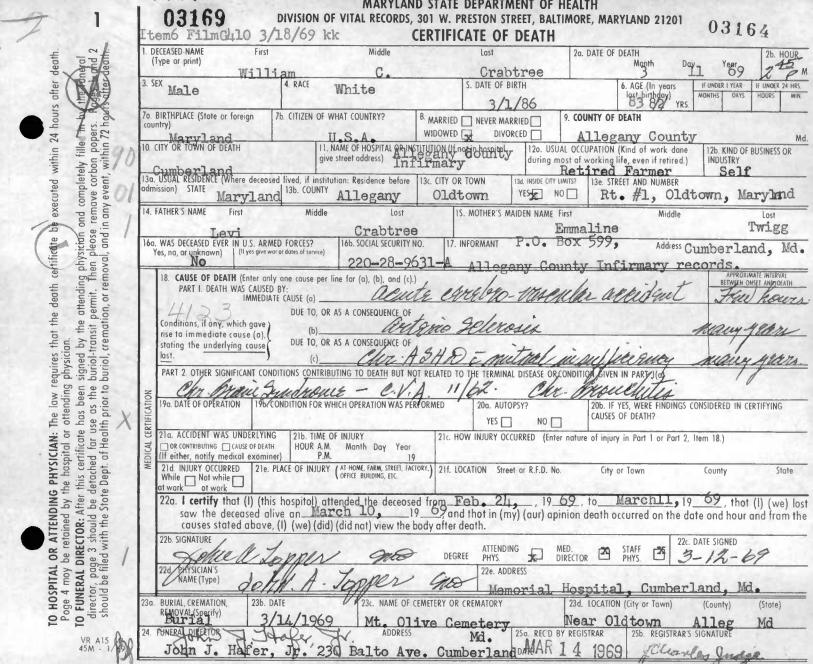
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03163 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. DECEASED-NAME Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) Richard OF ESTI- March 24-69 2:30am John Colmer Page 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR Male. White Feb. 28. 1951 March 24.00 1969 Year 2:30 a M 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland Allegany. U. S. A. WIDOWED [ DIVORCED with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ang with Memorial Hospital--DOA Auto Shop Cumberland. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 24 bours on 13b. COUNTY Allegany Cumberland. 13 Ave. L. Potomac Park. YES NO X OHE C and Middle Lost IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Olen Colmer Miller Bettu pages haurs the Chief Medical Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no or unknown) 215-56-8840 Olen C. Colmer 13 Ave. L., Potomac Park, Cumb 18. (AUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. Asphyxiation (blood in bronchi) PART I. DEATH WAS CAUSED BY Minutes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Compression of Lungs Conditions, if ony, which gove rise to immediate couse (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Crushed Chest Sudden .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO NO 21b. TIME OF INJURY Month, Doy, Yeor 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld HOUR A.M. PRIMARY TOR CONTRIBUTING crematian. Automobile Accident (one car) :30 HM-March 21. 169 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, City or Town County foctory, office building, etc.)

Highway WHILE AT WORK AT WORK Winchester Road, Cumberland, Allegany, Maryland burial 22a. I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection X, Inquiry X, and in my apinian death resulted fram: Natural causes Accident XX Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X March 24, 1969 5 m TO FUN Health NAME (Type) Benedict Skitarelic, M. D. ADDRESS(Street, city, town, or co Comberland, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) Allegany Md. 3/26/69 Laurel Hill Cemetery Nr. Barton. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE H. Wayne George Cumberland. Md. VR A15ME (5) DATAPR 1969 Elierelas

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|               | 03171  | DIVISION OF                            |   |                 | RESTON STREET, BA<br>ATE OF DEATH |                  | IARYLAND 212                     |             | 0316           | 6                  |
|---------------|--|--|---|-----------------|-----------------------------------|------------------|----------------------------------|-------------|----------------|--------------------|
|               | EASED-NAME First pe or print)  | 31                                     | Middle  |                 | Last                              |                  | OF DEATH Month                   | Dave        | Year /         | 2b. HOUR           |
| 3             | MITTI  |  | Edward  | (               | rowe                              |                  | March                            | 27          | 1º969          | IF UNDER 24 HRS.   |
| 3. SEX        |  | 4. RACE                                | lade a  | Med In          | S. DATE OF BIRTH 8/20/189         | 21               | 6. AGE (In yea<br>last birthday) | MC MC       | ONTHS OAYS     | HOURS MIN.         |
| 70 PI         | Male RTHPLACE (State or foreign  | 7b. CITIZEN OF W                       | hite  | 8               |                                   | 9. COUNTY        | 14                               | YRS.        |                |                    |
| count         | Maryland   |  | S.A   | WIDOWED [       | NEVER MARRIED DIVORCED            |                  | egany                            |             |                | 11.1               |
| 10. CI        | TY OR TOWN OF DEATH  |  | AME OF HOSPITAL OR INS                                | TITUTION (If no | et in hospital 12a U              | SUAL OCCUPATI    | ON (Kind of work                 | done        | 12b. KIND OF E | Md.<br>BUSINESS OR |
| F             | rostburg   |  | street oddress) Min                                   | ners            | Hospital                          | Retir            | ng life, even if reti            | ired.)      | Melly          | Tire (             |
| 13a. L        | ISUAL RESIDENCE (Where decease   | ed lived, if institu                   | tian: Residence before                                | 13c. CITY OR    |                                   | TY LIMITS? 13e.  | STREET AND NUMB                  |             |                |                    |
| Jdmis         | sian) STATE Md   | 13b. COUNTY                            | Allegany  | Lona            | coning                            | NO 💂             | Detmold                          | St          | reet           |                    |
| 14. FA        | THER'S NAME First  | Middle                                 | Last  | 15              | MOTHER'S MAIDEN NAME              |                  | Mid                              |             |                | Last               |
|               | Clarence   |  | Crowe   |                 |                                   | arah             |                                  |             | I'homp:        | son                |
| 16a. Ye       | was deceased ever in u.s. arm<br>s, no, or unknown) (If yes give w         | NED FORCES?<br>ar ar dates of service) | 16b. SOCIAL SECURITY N                                |                 | NFORMANT                          |                  | Add                              |             | J              | 363                |
|               |  |  | ļ   |                 | rs.Alden I                        | uente            | TOI                              | acoi        | ning,          | Md.                |
|               | <ol> <li>CAUSE OF DEATH (Enter and<br/>PART I. DEATH WAS CAUSED</li> </ol> | y ane cause per l                      | ine for (a), (b), and (c).                            | 0               |                                   | 000              |                                  |             | BETWEEN ON     | NSET AND DEATH     |
|               | IMMEDIA  | TE CAUSE (a)                           | delle   | Core            | nary C                            | )celi            | incom                            |             | 15 W           | www.               |
|               | Conditions, if ony, which gave)  | DUE TO, OR                             | AS A CONSEQUENCE OF                                   | - (             | V+ 1.                             | - 0              | cíc                              |             | 100            |                    |
|               | rise to immediate couse (o), (   | (b) C                                  | enerali   | yec             | Gueno                             | School           | 2212                             |             |                |                    |
|               | stating the underlying cause   | DUE TO, OR                             | AS A CONSEQUENCE OF                                   | 4               |                                   |                  |                                  |             |                |                    |
|               | PART 2. OTHER SIGNIFICANT COM  | (c)                                    | ITING TO DEATH BUT NO                                 | OT RELATED TO   | THE TERMINAL DISEASE (            | OR CONDITION G   | IVEN IN PART 1(a)                |             | -              |                    |
|               | Clausaic   | Q.0.                                   | 18440001  | 6 00            | 0515                              |                  |                                  |             |                |                    |
| CERTIFICATION | 19a. DATE OF OPERATION 19b.  | CONDITION FOR WI                       | HICH OPERATION WAS PE                                 |                 | 2Da. AUTOPSY?                     |                  | . IF YES, WERE FIND              | INGS CON    | SIDERED IN CE  | RTIFYING           |
| TIFIC         |  |  |   |                 | YES NO                            | CAL              | ISES OF DEATH?                   |             |                |                    |
|               | 210. ACCIDENT WAS UNDERLYIN  |  |   |                 | W INJURY OCCURRED (E              | nter nature of i | njury in Part 1 or f             | art 2, Iter | m 18.)         |                    |
| ă             | OR CONTRIBUTING CAUSE OF OFAT  | ner) P.M.                              | Manth Day Year  | 9               | 1 3 h 1 m                         |                  |                                  |             |                |                    |
|               | 21d. INJURY OCCURRED 21e.  | PLACE OF INJURY                        | ( AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC. | TORY.) 21f. LC  | CATION Street ar R.F.D.           | Na.              | City or Town                     |             | County         | State              |
| 9             | Willie Hot Willie  |  |   |                 |                                   |                  |                                  |             | <i>(</i> )     |                    |
|               | 22a. I certify that (I) (th  | is haspital) att                       | ended the decease                                     | ed from         | 1 that in (m) (-)                 | 9_60, ta_        | may. 2                           | Z, 19_6     | , that         | (I) (we) last      |
|               | 22a. I certify that (I) (the<br>saw the deceased a<br>causes stated abave  | (did)                                  | view the  | bady after      | i inai in (my) (aur) (<br>leath.  | upinian aeai     | in accurrea an 1                 | ne date     | ana naur (     | and tram the       |
|               | 22b. SIGNATURE   | , (did                                 |   |                 |                                   |                  |                                  | 22c. DA     | TE SIGNED      |                    |
|               | Addr   | rlen                                   | M   | DEGR            | EE PHYS.                          | MED.<br>DIRECTOR | □ STAFF □                        | 3"          | 27.1           | 57                 |
|               | 22d. PHYSICIAN'S   | V/11/1                                 | = 4   | 0.7             | 22e. ADDRESS                      | 10011            | 0 h                              | 10          | 410            | ~29                |
|               | NAME (Type) L , 17.  | / ۷/11 % 1                             | 15, 17.   | MI              |                                   |                  |                                  | 110,        | 215            |                    |
| 23a.          | BURIAL, CREMATION, 23b.  |  | 23c. NAME OF  |                 |                                   |                  | ATION (City or Town              | 1)          | (County)       | (State)            |
|               |  | 3/30/69                                |   |                 | l Cemeter                         | V N              | OSCOW                            | CTD AD'C CL | CNIATURE       | Md                 |
| 24. F         | UNERAL DIRECTOR  | 1                                      | ADDRESS   |                 | Ma 250 REC                        | BY REGISTRA      | 969 256. 186                     | SIKAK S SH  | GNATURE        | ge                 |
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| 3. SEX  4. RACE  4. RACE  4. RACE  5. DATE OF BIRTH  6. AGE (In years lef under 1 YEAR if under 1 YEAR if under 24 HR  70. BIRTHPLACE (State or fareign country)  70. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED  9. COUNTY OF DEATH  ALL ECANY  WIDDWED PROPERTY OF DEATH   | 1. DECEASED-NAME Firs (Type or print)   |   | Lost  | 2a. DATE OF DEATH  | 2b. HOUR                 |
|--|---|---|---|--|--------------------------|
| Too BIRTHPLACE (State of forling)   Too CITIZEN OF WHAT COUNTRY   S. MARRIED   NEVER MARRIED   | PIAN  |   | CULLEN S DATE OF PIDTU  |  |                          |
| NAME   COUNTY   MARY   AND   U. S. A.   WIDOWYED   DIVERS MARKED   DIVERS MARKED MARKED DIVERS MARKED   DIVERS MARKED DIVERS MARKED   DIVERS MARKED MARKED DIVERS MARKED   DIVERS MARKED MARKED DIVERS MARKED DIVERS MARKED DIVERS MARKED MARKED DIVERS MARKED DIVERS MARKED DIVERS MARKED MARKED DIVERS MARKED MARKED DIVERS MARKED MARKED DIVERS MARKED MARKED MARKED DIVERS MARKED MARKED MARKED DIVERS MARKED MARKED MARKED DIVERS MARKED MARKED MARKED DIVERS DIVERS MARKED MARKED MARKED MARKED MARKED DIVERS DIVERS MARKED M   |   |   |   | 1887 last birthdoy)  |                          |
| 10. CITY OR TOWN OF DEATH  CUMBERLAND, MD.  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  12. USUAL DCCUPATION (Kind of work dane during most of working life, even if retired.)  13. USUAL RESIDENCE (Where deceased lived, if inchiptations, Residence before 13c, COUNTY ALLEGANY MIDLAND WES NOW)  14. FATHER'S NAME  15. MARYLAND  15. MOTHER'S MANDEN NAME First Niddle BRYSON  15. MOTHER'S MANDEN NAME First Niddle BRYSON  16. WAS DECEASE FVER IN U.S. ARMED FORCES?  17. INFORMANT PAT I ENT 'S HOSPITAL CHART CUMBERLAND, MD.  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (g))  PART I. DEATH WAS CAUSED BY:  19. DATE OF OFERATION  19. TO CAUSE OF USER INJURY  19. TO CAUSE OF US | country)  |   | 8. MARRIED NEVER MARRIED                                      |  |                          |
| CUMBERLAND   MD   SACRED HEART   HOSPITAL  |   |   | 9.0   |  | 12h KIND OF BUSINESS OP  |
| 14. FATHER'S NAME   First   Middle   Lost   BRYSON   15. MOTHER'S MAIDEN NAME First   Middle   BRYSON   15. MOTHER'S MAIDEN NAME First   ANNA   Middle   BRYSON   16. MOTHER'S MAIDEN NAME First   ANNA   BRYSON   16. MOTHER'S MAIDEN NAME FIRST   MIDDLE CHART   MIDDLE CHART   MIDDLE CAUSE (O)   TO OR AS A CONSEQUENCE OF CONSTITUTION (O   |   | 1D. give street address) HEA  | dusing m  |  |                          |
| 15. MUTHER'S MANDEN MANA   SRYSON   15. MUTHER'S MAIDEN NAME FIRST   15. MUTHER'S MAIDEN NAME FIRST NAME FIR   | admission) STATE  | ised lived, if institution: Residence befare 13b. COUNTY ALLEGANY         | VEC CO N  | The state of the s |                          |
| PAT I ENT'S HOSPITAL CHART CUMBERLAND, MD   PAT I ENT'S HOSPITAL CHART CUMBERLAND, MD   PARI I. DEATH WAS CAUSED BY:   |   | Middle Lost   | N 15. MOTHER'S MAIDEN NAME                                    |  | BRYSON                   |
| PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gave rise to immediate cause (a).  PART 2. OTHER DISNIFICANT CONDITIONS CONSTIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING  OFFICE INJURY  110. ACCIDENT WAS UNDERLYING  OFFICE INJURY  110. INJURY OCCURRED  110. INJURY OCCURRED  111. INJURY OCCURRED  112. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  113. INJURY OCCURRED  114. INJURY OCCURRED  115. SIGNATURE)  115. SIGNATURE)  116. CONTRIBUTION  117. TO TOWN  118. OFFICE INJURY  119. To Town  Caunty  119. Town  Caunty  Cau | 16a. WAS DECEASED EVER IN U.S. AF<br>Yes, na, or unknawn) (If yes give                        |   |   | PITAL CHART CU   | O SETON DRIVE            |
| OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Manth   Doy Year   19   21d. INJURY OCCURRED   While   Nat while   at wark   of wark   Office Building, ETC.   Office Buildin   | rise to immediate cause (a), stoting the underlying cause last.  PART 2. OTHER PICNIFICANT CO | DUE TO, OR AS A CONSEQUENCE OF (c) INDITIONS CONTRIBUTING TO DEATH BUT NO | RFORMED 20a. AUTOPSY?   | 20b. IF YES, WERE FINDINGS CO  | ONSIDERED IN CERTIFYING  |
| OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Doy Year   19   19   19   19   19   19   19   1   |   | NG 21b. TIME OF INJURY  |   |  | Item 18.)                |
| While Not while of work of wor | ☐ OR CONTRIBUTING ☐ CAUSE OF DE   | iner) P.M. 19   |   |  |                          |
| 22a. I certify that (I) (this haspital) attended the deceased fram   | While Nat while   | PLACE OF INJURY (AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC.      | TORY.) 21f. LOCATION Street ar R.F.D. No.                     | . City ar Tawn   | County State             |
| 22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS  22e. ADDRESS  23d. LOCATION (City or Town) (County) (State)  | saw the deceased causes stated above 22b. SIGNATURE   | dive on 5 ^ 3 /   | 9 <b>6 7</b> , and that in (my) (aur) ap<br>bady after death. | inian death accurred an the da   | te and haur and fram the |
| 23d. BURIAL (REMATION, BLENDY AL (Pecify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery Frostburg A. Md   | 22d. PHYSICIAN'S<br>NAME (Type)   | cha last  | 22e. ADDRESS  |  |                          |
|  | 23a. BURIAL, CREMATION, 23b.  | DATE 4/2/69 23c. NAME OF C St. Mi   | CEMETERY OR CREMATORY  Chaels Cemetery                        | 23d. LOCATION (City or Town) Frostburg   | (Caunty) (State)         |

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|  | YIIV E J.J.J.     | /          | U. S. M.  | 11/1/201           |
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| 1                       | 03178 DI  | VISION OF VITAL RECORDS,   | D STATE DEPARTMENT OF H<br>301 W. PRESTON STREET, BALTII<br>ERTIFICATE OF DEATH |   | 03168   |
|-------------------------|---|--|---|---|---|
| Innerol and 2 er death. | . DECEASED-NAME First (Type or print) GEORGE                              | Middle<br>W •  | CUTTER  | 2a. DATE OF DEATH MARCH Month 10 Day1                                 | 2b. HOUR  |
|                         | MALE  | RACE WHITE   | S. DATE OF BIRTH NOVEMBER 30,   |   | IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS .DAYS HOURS MIN |
| ) [                     | MARYLAND  | CITIZEN OF WHAT COUNTRY? U.S.A.  | WIDOWED DIVORCED  | ALLEGANY  | Mo  |
| 0                       | O. CITY OR TOWN OF DEATH  FROSTBURG                                       |  | ERS HOSPITAL MAUTO  | OCCUPATION (Kind af wark dane<br>st of working life even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY GARAGE                |
| 010                     | MARYLAND  | ALIEGANY   | FROSTBURG 13d, Inside city LIM  FROSTBURG YES NO                                | 30 BLAIR STRE   |   |
|                         | 4. FATHER'S NAME First  BARNEY  60. WAS DECEASED EVER IN U.S. ARMED F     | Middle Last  CUTTER  FORCES? 16b. SOCIAL SECURITY N                        | IS. MOTHER'S MAIDEN NAME FIT  JEAN  O. 17. INFORMANT                            |   | McMURDO Lost  |
|                         | Yes, no, or unknawn) (If yes give war or d                                | dates of service) 212-03-541   | MRS. AGNES B.   | CUTTER, FROSTBURG   | MD. 21532   |
|                         | PART I. DEATH (Enter only or<br>IMMEDIATE C                               | ne cause per line for (a), (b), and (c).) AUSE (a)                         | e Coronary C  | Teclusion -   | BETWEEN ONSET AND DEATH  RESPECTED                      |
|                         | Canditions, if any, which gave )  | DUE TO, OR AS A CONSEQUENCE OF  (b)  |   |   |   |
|                         | stating the underlying cause last.  | (c)  | V SCHARO VO NOV.  |   |   |
|                         | Pho   | rue Pulmora  | of RELATED TO THE TERMINAL DISEASE OR CO  |   |   |
| 2                       | 19a. DATE OF OPERATION 19b. CONE  | DITION FOR WHICH OPERATION WAS PER   | YES DOOD  | 20b. IF YES, WERE FINDINGS CON<br>CAUSES OF DEATH?                    |   |
|                         | OR CONTRIBUTING CAUSE OF DEATH  | HOUR A.M. Manth Day Year<br>P.M. 19  |   | nature of injury in Part 1 ar Part 2, Ite                             |   |
|                         | While Nat while at work   |  | 21f. LOCATION Street or R.F.D. Na.  | City or Town  | County State  |
|                         | saw the deceased alive  | aspital) attended the decease<br>an3319<br>(we) (did) (did nat) view the b | 67, and that in (my) (aur) apin   | 6, ta 3-10, 196<br>ian death accurred an the date                     | e and haur and fram the                                 |
| 2                       | 22b. SIGNATURE  | Mulmoths   | - tot   | D CTAFF   | TE SIGNED   |
| 1                       |   | N ROTHSTEIN, M. 1  |   | BROADWAY, FROSTBU   | JRG, MD.  |
|                         | 30. BURIAL (REMATION, BURIAL Specify) 23b. DATE MAR.  4. FUNERAL DIRECTOR |  | MEMORIAL PARK   | FROSTBURG, MD.  |   |
| N 2                     | JOSEPHI R. DURST,   |  | MD. 21532 DATE MAR  | REGISTRAR 1969 25b. REGISTRAR'S SI                                    | an Verdela  |

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03169 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Last Month 2b. HOUR Year (Type or Print) ESTI-OF 1969 2 PM JOSEPH HAROLD DETER DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR Menth Day MALE WHITE 4/3/1918 1969 2 PM 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRYMARYLAND USA WIDOWED [ DIVORCED [ ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address DOA MEMORIAL HOSPITAL during most of warking life, even if retired.)

L MACHINIST INDUSTRY CUMBERLAND RAILROAD 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE MARYTAND 0 YES X NO 632 LEIPER STREET CHMBERT AND after 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost CHARLES DETER ELIZABETH LINDNER hours . = the Chief Medical Examiner's 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, ar unknown) CHMBERLAND NO 220 10 4885 MRS. JOSEPH H. DETER within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove CORONARY SCLEROSIS rise to immediate cause (o), certificate should the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 2 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) writing SD Hypertensive Cardiovascular Disease remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, This YES T NO T pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection X Inquiry K and in my apinian death resulted from: Natural causes XI. Accident II. Suicide III Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE & DEPUTY MEDICAL EXAMINER X MARCH 3 1969 5 may FO FUNE Health NAME (Type) BENEDICT SKITARELIC, M.D. RT ADDR9S(Street, GUMBERLIAND. MD. 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) 3/6/1969 TRINITY LUTHERAN CEM. CUMBERLAND REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** Milemela Oudas BYRON KIGHT CUMBERLAND, VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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energe strangist h.b. et. e. dubesinam, nb.

TOTAL S 3/6/3009 PERDITY TOP BASE ON COMMENTS ON PUR. 

| 1. DECEASED-NAME First  |  | ERTIFICATE OF DEATH  |  | 031  |                            |
|---|--|--|--|--|----------------------------|
| (Type ar print) JO  | ST Middle FRANCIS  | Lost   | 2a. DATE OF DEATH  Manth 24  Day   | 69 Year  | 2b. HOUR                   |
| 3. SEX  | 4. RACE  | S. DATE OF BIRTH   | 6. AGE (In years last birthday)  | IF UNDER 1 YEAR IF                             | UNDER 24 HRS.<br>OURS MIN. |
| MALE  | WHITE  | 05/22/80   |  |  |                            |
| 7a. BIRTHPLACE (State or fareign country)  RHODE ISLAN  |  | MARRIED NEVER MARRIED DIVORCED DIVORCED  | 9. COUNTY OF DEATH ALLEGANY  |  | M                          |
| 1D. CITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL OR INSTI  | TUTION (If not in haspital 12a. US)  | Who charlion (And of work done   | 12b. KIND OF BUS                               |                            |
| CUMBERLAND,  13a. USUAL RESIDENCE (Where dece   | ansed lived if institution: Residence before   | ART HOSP.   du KEL   |  | RE CO.   |                            |
| odmissian) STATE MARYLAN  | D 13b. COUNTY ALLEGANY   |  | 409 BEALL ST   | REET   |                            |
| 14. FATHER'S NAME First   | Middle Last  | 15. MOTHER'S MAIDEN NAME   |  |  | Last                       |
| MICHAE  160. WAS DECEASED EVER IN U.S. A  |  | ). 17. INFORMANT   |  |  | ENEY                       |
|   | re war or dates of service)  |  | Address90  | MBERLAND                                       | DRIVE, MD.                 |
|   |  |  | U.L.AE-MIRIN   | APPROXIMATE<br>BETWEEN DISET                   | EINTERVAL                  |
| PART I. DEATH WAS CAUS  | anly ane cause per line (ar (a), (b), and (c).) SED BY: DIATE CAUSE (a)  Graph Technology  | i preumonis  |  | 3 day  | 2                          |
| 1412 d  | DUE TO, OR AS A CONSEQUENCE OF   |  | 0 000  | 110  |                            |
| Canditians, if any, which gave rise to immediate cause (a)  | ), (b) COUSTONES OF  | reno-veren   | her dreese   | 1 ge   | 02                         |
| stating the underlying cause last.  |  | and ortunale   | imi  | 24   | an                         |
| PART 2. OTHER SIGNIFICANT C   | CONDITIONS CONTRIBUTING TO DEATH BUT NOT   | RELATED TO THE TERMINAL DISEASE OR   | CONDITION GIVEN IN PART 1(a)   |  |                            |
| 19g. DATE OF OPERATION 119  | Pb. CONDITION FOR WHICH OPERATION WAS PERF   | ORMED 2Da. AUTOPSY?  | 2Db. IF YES, WERE FINDINGS CO  | ONSIDERED IN CERT                              | IFYING                     |
| A LIVE DIVITED OF ENAMON 117  | o. Constitution for timen of Environ was ren   | YES NO [   | CALICTE OF DEATING   | ONSIDERED III CERT                             | 111110                     |
| H   |  |  | er nature of injury in Part 1 or Part 2, I   | Item IB.)                                      |                            |
| 19a. DATE OF OPERATION 19   |  | 21c. HOW INJURY OCCURRED (Ent  |  |  |                            |
| ☐ OR CONTRIBUTING ☐ CAUSE DF D  | HOUR A.M. Manth Day Year<br>miner) P.M. 19   |  |  | U. I. The                                      |                            |
| OR CONTRIBUTING CAUSE DF D  (If either, natify medical exart  21d. INJURY OCCURRED 21  While Nat while  | EATH HOUR A.M. Manth Day Year  |  |  | County   | State                      |
| GR CONTRIBUTING CAUSE DF D<br>(If either, natify medical example of the control of t | HOUR A.M. Month Day Year<br>miner) P.M. 19<br>Te. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO<br>OFFICE BUILDING, ETC.   | RY.) 21 f. LOCATION Street at R.F.D. N   | a. City or Town  |  |                            |
| GR CONTRIBUTING CAUSE DF D (If either, natify medical example 21d. INJURY OCCURRED While Nat while at work at work 22a. I certify that (I) (1) says the deceased  | HOUR A.M. Month Day Year 19 1e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO 19 this haspital) attended the deceased alive an 3 2 4 19  | from 3 - 15 - 19.  | a. City or Town  |  |                            |
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| GOR CONTRIBUTING CAUSE DF D  (If either, natify medical example of the control of    | HOUR A.M. Month Day Year 19 1e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO 19 this haspital) attended the deceased alive an 3 2 4 19  | from 3 - 1 - , 19.  from 3 - 1 - , 19.  g, and that in (my) (aur) apady after death.  DEGREE ATTENDING PHYS. | a. City or Town  G. Tay 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,  | (G , that (I                                   |                            |
| GR CONTRIBUTING CAUSE DF D  (If either, natify medical exat 21 d. INJURY OCCURRED While at work at work  22a. I certify that (I) (i saw the deceased causes stated aba 22b. SIGNATURE   | HOUR A.M. Manth Day Year  19 1e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.  this haspital) attended the deceased alive an 3 2 19  ve, (1) (we) (did) (did nat) view the bo   | from 3 , 19.  2, and that in (my) (aur) apady after death.  DEGREE ATTENDING PHYS.  22e. ADDRESS             | a. City or Town  G. T | LG, that (I<br>lite and haur an<br>DATE SIGNED | ) (we) land fram the       |
| GR CONTRIBUTING CAUSE DF D  (If either, natify medical example of the contribution of     | HOUR A.M. Month Day Year 19 Te. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO PHICE BUILDING, ETC.  This haspital) attended the deceased alive an 3 2 4 19 The place of the property of the pr | from 3 , 19.  2, and that in (my) (aur) apady after death.  DEGREE ATTENDING PHYS.  22e. ADDRESS             | a. City or Town  G. T | DATE SIGNED  (County)                          | ) (we) land fram the       |

| ATTENDED TO THE OWN                                   |                    |  |                   |  |
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|   | 05/22/20           | STILL                                      | 5,1/H             |  |
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| R י'ידודע וואר כח.                                    | HOSP. KELL SP      | S TORED WE R                               | CURBERLAID, NO.   |  |
| 331 5 77 3 604  | X UNITEST          | JO Y MESTAL                                | 0.17.17.261.      |  |
| (E.FEE) REGULAR                                       | 111 (11:11:17)     | FEELEY                                     | MICHNEL           |  |
| כן ה כנול הגע וה. ה. ווי.<br>מול הגע האבר וה. ה. ווי. | PATIENT'S HOSPITAL | 211 07 0371                                | Ои                |  |
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| CUMERALNE, MXP 10. 21502                              | S7 SREENE ST.,     | Ribūs =                                    | OR. LEWIS         |  |
| Certaga, Alizzannu Ma.                                | F Mark Com Dan     | . SS. POLES                                | 26/53/6           |  |
|   | in the boar        | Contendant, una                            | II. Rayne Grouge  |  |

| 1  |        | 03176  | DIVISION OF VITAL RECORDS,   | 301 W. PRESTON STREET, BAL<br>CERTIFICATE OF DEATH   | TIMORE, MARYLAND 21201  | 03171   |
|--|--------|--|--|--|---|---|
| executed within 24 bours after death.  and campletely filled in by the funeral  remave carban papers. Pages 1 and 2 n any event, within 72 haurs after death.  |        | . DECEASED-NAME (Type or print) EFF                                |  | GANOE  |   | 1969 9:28   |
| s after fundades la after  |        | FEMALE   | 4. RACE<br>WHITE   | 5. DATE OF BIRTH 8-28-18   | 6. AGE (In years last byridglay) YRS.                               | MONTHS CLAYS HOURS MIN                                      |
| d in by  |        | ra. BIRTHPLACE (State ar foreign country) <b>W. VA</b>             | 7b. CITIZEN OF WHAT COUNTRY?   | 8. MARRIED NEVER MARRIED NUONED DIVORCED   | 9. COUNTY OF DEATH ALLEGANY   | Md  |
| within and fille ban pa  | 50     | O. CITY OR TOWN OF DEATH  CUMBERLAND                               |  | HOSPITAL   during  | JAL OCCUPATION (Kind of work done 100 Softwall)                     | 12b. KIND OF BUSINESS OR<br>INDUSTRY                        |
| amplet   | 01     | 3a. USUAL RESIDENCE (Where decedimission) STAMARYLAN               | pased lived, if institution: Residence befare 13b. COUNTALLEGANY                             | CUMBERLAND YES X   |   | CH ST.,   |
| Tang exe   | 1      | 4. FATHER'S NAME First   | Middle ACOB THOI   | MAS 15. MOTHER'S MAIDEN NAME MARY  | First Middle JANE MC ATEE   | Lost  |
| hysician<br>val, and   |        | 6a. WAS DECEASED EVER IN U.S. A<br>Yes, na, prophnawn) (If yes giv | RMED FORCES? The war or dates of service)  | NO. 17. INFORMANT MEMORIAL H   | OSPITAL, CUMBER   | RLAND, MD.  |
| PHYSICIAN: The law requires that the death certificate—be executed within 24 e hospital ar attending physician. The law is a standard by the attending physician and campletely filled is stacked far use as the burial-transit permit. Then please cemave carbon pape Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 |        | PART 1. DEATH WAS CAU  | DUE TO, OR AS A CONSEQUENCE OF  (b) Acute Post  OUE TO, OR AS A CONSEQUENCE OF               | art Block.   |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours  9 hours |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires th Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be defached far use as the burial-transhould be filed with the State Dept. af Health priar ta burial, cre                                   | 2      | PART 2. OTHER SIGNIFICANT CO                                       | ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N  b. CONDITION FOR WHICH OPERATION WAS PE        |  | CONDITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS CONTRACTOR | ONSIDERED IN CERTIFYING                                     |
| spital ar at<br>spital ar at<br>ertificate ho<br>ed far use<br>af Health   |        | OR CONTRIBUTING CAUSE OF D   | HOUR A.M. Month Day Year<br>miner) P.M.  | 9  | er noture af injury in Part 1 or Part 2,                            | Item 18.)   |
| After this certification be detached for State Dept. af H  |        | While Not while at wark at work                                    |  | (TORY,) 21f. LOCATION Street ar R.F.D. N   |   | Caunty State  |
| Shauld be ith the Stat   |        | 22a. I certify that (1) (<br>saw the deceased<br>causes stated aba | this haspital) attended the decease alive an March 18 1 ve, (1) (we) (did) (attend) view the | ed fram <b>1954</b> , 19<br>9 <b>69</b> , and that in (my) ( <b>56</b> ) ap<br>bady after death. | , ta <b>Na.r., 18</b> 19<br>inian death accurred an the do          | 69 , that (I) (we) last<br>te and have and from the         |
| rage 4 may be retained  5 FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the   |        | 22b. SIGNATURE   | Bullet Mh  | DEGREE ATTENDING PHYS.   | MED. DIRECTOR PHYS.   | 3-19-61   |
| Page 4 may O FUNERAL I director, page  | 1      | 22d. PHYSICIAN'S NAME (Type) DR.                                   | G. O. HIMMELWRT  |  | RLAND, MD.  |   |
| direct should  | 1      | REMODUSpecify 1 3.   | -21-1969 Davis   | CEMETERY OR CREMATORY Memorial Cemeter   |   |   |
| VR A15<br>45M - 1  | Sign ! | James F. Scar  | pelli, Cumberland  | , Md.  | 2 4 1969 25b REGISTRAR'S  | SIGNATURE   |

|              |               | ATURO TIER        |   | 03176           |
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| 1   | 03177 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH  |  | 03172  |
|---|--|--|--|
| within 24 hours after death.  ety filled in by the funeral bon papers. Pages is ond 2 within 72 hours after death.  | 1. DECEASED-NAME (Type or print) BERMAN N. GARLITZ   | 2a. DATE OF OEATH                                  | 69 7:30A M   |
| rs after<br>Ages<br>ins afte  | 3. SEX   | last birthday) YRS.                                | IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS OAYS HOURS MIN |
| 24 hou<br>d in by<br>pers.<br>72 hou  | 76. BIRTHPLACE (State or foreign country) MARYLAND  76. CITIZEN OF WHAT COUNTRY?  U.S.A.  88. MARRIED   NEVER MARRIED   DIVORCED   | 9. COUNTY OF DEATH ALLEGANY                        | Md.  |
| e executed within 24 hour ond completely filled in by remove carbon papers. Pn any event, within 72 hour  | CUMBERLAND GIVE ME MORIAL HOSPITAL during  | AL OCCUPATION (Kind of work done                   | 12b. KIND OF BUSINESS OR<br>INDUSTRY                   |
| complete cont.  | 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)  STATE RYLAND  3b. COUNTGARRETT  FROSTBURG  YES  N   | 13e. STREET AND NUMBER RT. 40                      |  |
| be exe  |  | First Middle                                       | ROB I SON  |
| tificate<br>hysician<br>n pleas<br>vol, and   | 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 16b, SOCIAL SECURITY NO. 236–36–1805  WW 2  17. INFORMANT ME MOR I AL HO  | OSPITAL CUMBE                                      | RLA ND, MD.  |
| OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician.  SIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages to add sed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  HEPATIC COMA   |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH           |
| it the d<br>the ott<br>sit peri<br>nation,  | Conditions, if ony, which gave inse to immediate couse (a),  |  | MONTHS   |
| res tho<br>rsician.<br>red by<br>iol-tran   | lost. (c) CHRONIC ALCOHOLISM   |  |  |
| v required phy he sign he bur to buri   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR BSOPHAGEAL VARIEES   | CONDITION GIVEN IN PART 1(0)                       |  |
| 4: The low requires the or ottending physician. It has been signed by use os the buriol-transalth prior to buriol, cre  | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NOT  1210. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY  | 20b. IF YES, WERE FINDINGS CON<br>CAUSES OF DEATH? | ISIDERED IN CERTIFYING                                 |
| CIAN:<br>vital ar<br>tifficate<br>J for u<br>of Healt   | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Ente   OF INJURY   OF INJURY   OF INJURY   OF INJURY    21c. HOW INJURY OCCURRED (Ente   OF INJURY   OF | r nature of injury in Part 1 or Part 2, Ite        | m 18.)   |
| PHYSI<br>ne hosp<br>this cer<br>etached<br>Dept. c  | While Not while  |  | County State   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital ar ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to  | 22a. I certify that (I) (this haspital) attended the deceased from MARCH 5, 19 C saw the deceased alive an MARCH 19 9 and that in (my) (our) ap causes stated abave, (I) (we) (did) (did not) view the bady after death.   | inian death accurred an the date                   | 59, that (I) (we) last<br>and haur and from the        |
| OR ATT<br>e retoin<br>IRECTO<br>3 shoil<br>d with   | 22b. SIGNATURE   | ALD STAFF 22c. DA                                  | TE SIGNED - 17-69                                      |
| PITAL (moy be ERAL D  |  | ERLAND, MD.  | ., .,  |
| TO HOSPITAL Poge 4 may k TO FUNERAL D director, page should be file   | 230. BURIAL (REMATION, BURIAL (REMATION) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BLOCHER CEMETERY   | 23d. LOCATION (City or Town)  GARRETT COUNTY       | (County) (State)                                       |
| VR A15<br>45M - 1   |  | BY REGISTRAR 2Sb. REGISTRAR'S SI                   | GNATURE Cas Younges                                    |

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| _1  | Ite                     | 03178<br>ml3d FilmC  | DIVIS   | ION OF VITA                                | L RECORDS,                               | BOT W. PRESTON SERTIFICATE OF                     | TREET, BALTIMOI                     | RE, MARYLAND 21201                             | 031                         | 173                           |
|---|-------------------------|--|---|--|--|---|-------------------------------------|--|-----------------------------|-------------------------------|
| deat  | (Тур                    | ASED NAME<br>or print)   | First<br>ELMER  |  | Middle<br>F.                             | Last<br>GARL 1 T                                  | Z                                   | DATE OF DEATH Month MARCH 18                   | 1969 Year                   | 26. HOUR                      |
| rs after  | . SEX                   | MALE   | 4. RA   | WHITE                                      |  | 5. DATE OF  |                                     | 6. AGE (In years<br>last birthday)<br>YRS      | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN    |
|   | auntry                  | (HPLACE (Stote or foreign<br>MARYLAND  | 7b. (11)  |  |  |   | ORCED                               | ALLEGANY                                       | 1143                        | Md.                           |
| 1-7   | O. CITY                 | OR TOWN OF DEATH   |   | give street or                             | RED HEA                                  | ITUTION (If not in hospital RT HOSPITAL           |                                     | Warking life Seven if retired                  |                             | BUSINESS OR<br>OOF I NG       |
| 01  | 30. US<br>dmissi        | UAL RESIDENCE (Where on) STATE MARY  | deceosed lived,<br>'LAND 13b.                         | if institution: RecOUNTY ALLE              | GANY                                     | 13c. CITY OR TOWN CUMBERLAN                       | 13d. INSIDE CITY LIMITS?  YES NO X  | 13e. STREET AND NUMBER HOMEWOOD ADE            | ITION                       |                               |
| 1   |                         | HER'S NAME First MICHAE  |   |  | GARLITZ                                  | IS. MOTHER'S REBEC                                | MAIDEN NAME First                   | Middle   | CEICE                       | Last                          |
| 1   | Yes,                    | NO   | es give war or dates a                                | 215  | -10-125                                  |   | HOSP CHART                          | SACRE'Ö' "HE<br>900 SETON<br>CUMBERLAN         | ART HOSI<br>DRIVE           | PITAL                         |
| should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any | Co<br>ris<br>str<br>la: | nditians, if only, which<br>e ta immediate cause<br>ting the underlying cat. | CAUSED BY:  MMEDIATE CAUSE  DUE  gove (a),  ause  DUE | (a)  | NSEQUENCE OF USEQUENCE OF                | cownain her                                       | est dose                            | p'm<br>cese                                    | BETWEEN O                   | NSET AND DEATH WOM            |
| X   | 5                       | DATE OF OPERATION  |   | N FOR WHICH OPE                            |  |   | TOPSY?                              | 20b. IF YES, WERE FINDINGS<br>CAUSES OF DEATH? | CONSIDERED IN C             | ERTIFYING                     |
|   | ₹ □                     | D. ACCIDENT WAS UND OR CONTRIBUTING CAUSE either, notify medical             | OF DEATH HO   | b. TIME OF INJURY<br>DUR A.M. Mont<br>P.M. | th Day Year                              | 21c. HOW INJURY O                                 | CCURRED (Enter natur                | re of injury in Port 1 or Part 2,              | Item 18.)                   |                               |
|   |                         | d. INJURY OCCURRED hile Not while at work                                    | 21e. PLACE OF   | INJURY ( AT HOME                           | E, FARM, STREET, FACTO<br>BUILDING, ETC. | (RY.) 21f. LOCATION Str                           | eet or R.F.D. No.                   | City ar Town                                   | County                      | State                         |
|   | 22                      | a. I certify that (<br>saw the deceas<br>causes stated o                     | l) (this hospi<br>ed alive an.<br>bave, (I) (w        | tal) attended<br>e) (did) (did no          | the deceased<br>19<br>at) view the bo    | from 5 - 4<br>Gand that in (1<br>ody after death. | , 19 <i>69</i><br>ny) (our) opinion | ta   | ate and haur                | (I) (we) last<br>and fram the |
|   | 22                      | b. SIGNATURE   | 4.  | Sning                                      | )  | DEGREE PHYS.                                      | ING MED.                            | STAFF 22c                                      | DATE SIGNED                 | 69                            |
|   |                         | D. PHYSICIAN'S<br>NAME (Type)  | WIS BR  | THEST                                      | Ciox.                                    | XXX   |                                     | CUMB., MD.                                     | 21502                       |                               |
| L   | R                       | IRIAL, CREMATION,  | 3/21/69   |  | Rest La                                  | METERY OR CREMATORY WM Memorial                   | Gardens                             | Location (City or Town)  LaVale Alle           | (County) gany Ma:           | (State)<br>ryland             |
| 2   | 4. FUN                  | SILCO  | X FUNER   | RAL HOME                                   | ADDRESS<br>404 DE                        | CATUR ST.   | 2Sa. REC'D BY REG                   | STRAP 25b. REGISTRAP                           | SIGNATURE                   | ge.                           |

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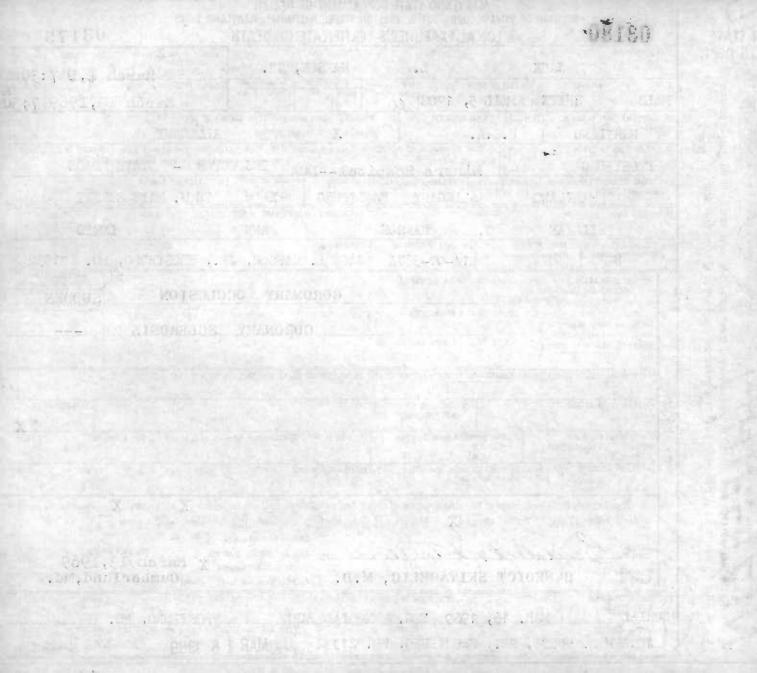
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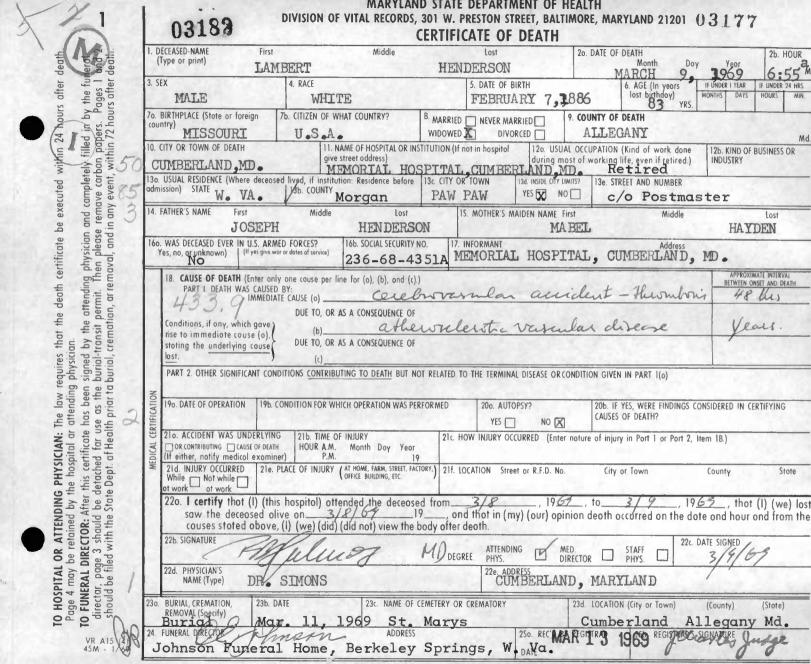
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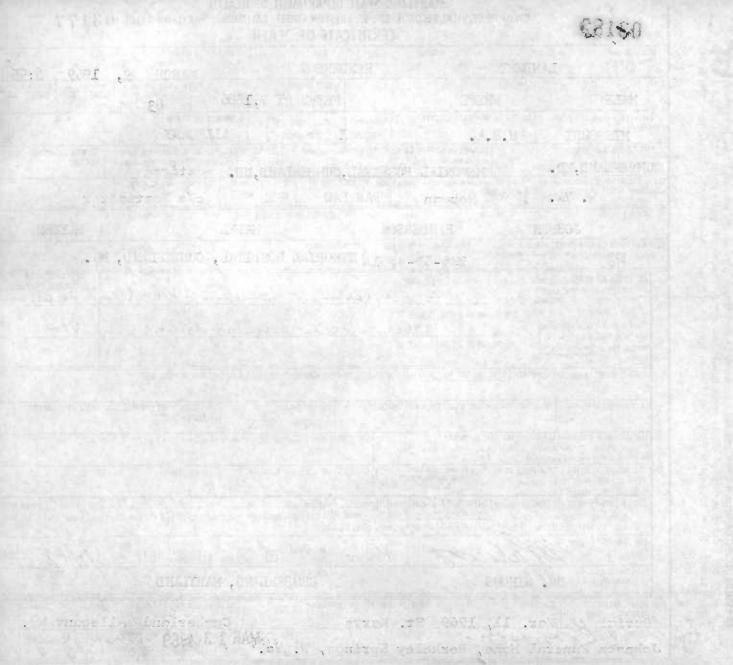
| 1  |  |               |   | DIVISION  | OF VITAL RE                             | CORDS 301                                  |                                   |                         |                             |                     | ARYL                              | AND 21201  |             |                                  |                  |
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| FOR ST   | TATE   |               | 0318  | 0   |   | AL EXAM                                    |                                   |                         |                             |                     |                                   | 21201  | 0           | 3175                             |                  |
| HEALTH   | DEPT.  | 1. D          | ECEASED-NAME<br>Type or Print)                        | First<br>JACK                                   |   | Midd<br>L                                  | le                                |                         | ost                         |                     |                                   | 20. DATE KNOWN   | Month Do    | у Үеог                           | 2b. HOUR         |
| lay is   | ent af   | 3. SI         | X   | 4. RACE   | S. DATE OF BIR                          |  | 6. AGE (In year<br>last birthday) | IF UNCER 1              |                             | IF UNOER 24         | _                                 | DEATH MATED 2c. DATE PRONOUNCED DE   | AD          | B, 1997                          | 30 a             |
| ny delay<br>2, and 3<br>PM3. Pag                   | Department   | -             | IE  | WHITE   |   | 5, 1908                                    | 60 Y                              | RS.                     |                             | HOURS               | MIN.                              |  | h 13        | ,11969                           | 7;3              |
|  | Dep  | 7o. I         | BIRTHPLACE (Stote try) MARYI.                         |   | U.S.A                                   |  |                                   | MARRIED NEVI            | ER MARRI<br>DIVORC          |                     | 9. COU                            | ALLEGANY   |             |                                  |                  |
| after death<br>8. Give Pages 1,<br>alang with farm | the State  |               | TROSTBU   | RG  | 11. NA<br>give st                       | ME OF HOSPITAL<br>treet oddress)<br>liners | Hosp                              | tal                     | DOA                         | during              | SPE                               | UPATION (Kind of work  | ATE H       | KIND OF BUSI                     | NESS OR          |
| v  | land 2 with the                                      | 130.          | Smission) STATE                                       | E (Where deceose MARYLAND                       | d lived, it institut                    | tion: Residence                            | Defore 13c. C                     | OSTBURG                 | 100. 11                     | NSIOE CITY LIM      |                                   | 13e. STREET AND NUMBER 78 W. MAI   |             | EET                              |                  |
| 争重与  | land?  | 14. F         | ATHER'S NAME<br>W                                     | First<br>TLLTAM                                 | Middle D.                               | Н  | Lost<br>ANSON                     | IS. MOTHER              | S MAIDEN                    | NAME AN             | First                             | Middle   |             | WIS Lost                         | 20               |
| within 24<br>n pencil in<br>Examiner's             | ile pages<br>72 haurs                                |               |   | R IN U.S. ARMED FO                              | RCES?                                   | 16b. SOCIAL SECU<br>214-07-                | JRITY NO.                         | 17. INFORMANT<br>JACK L |                             |                     |                                   | ADDRESS R., FROSTBUI   |             |                                  | 532              |
|  | ш _  |               | 18. CAUSE OF<br>PART 1. DI                            | DEATH (Enter only<br>ATH WAS CAUSED<br>IMMEDIAT | one couse per lir<br>BY:<br>E CAUSE (o) | ne for (o), (b), o                         | nd (c).)                          | COF                     | RONA                        | RY                  | ос                                | CLUSION  |             | APPROXIMATE I<br>BETWEEN ONSET I | ANO DEATH        |
| hauld be<br>ward "pe<br>the Chief                  | burial-transit permit.<br>in any event withir        |               | Conditions, if or rise to immedi stoting the unclost. | ote couse (o), (                                | (b)                                     | AS A CONSEQUE                              |                                   |                         | COR                         | ONAF                | RY                                | SCLEROSIS  | S           | ALD ALD                          |                  |
| s certificate s<br>e, writing the<br>farwarded ta  | and  | Z             | PART 2. OTHER S                                       | IGNIFICANT CONDIT                               | IONS CONTRIBUTION                       | NG TO DEATH BU                             | JT NOT RELATI                     | D TO THE TERMI          | INAL DISE                   | ASE OR CO           | NDITIO                            | GIVEN IN PART 1(0)   |             |                                  |                  |
|  | be used a remaval,                                   | CERTIFICATION | 190. DATE OF OF                                       | PERATION  |   | 19b. CONDITION<br>WAS PERFO                |                                   | PERATION                | 1                           |                     |                                   |  |             | 20. AUTOPSY                      | ?<br>NO <b>X</b> |
| INER: This e certificate, should be fo             | ld bl  | MEDICAL CER   | 210. EXTERNAL C<br>PRIMARY OR<br>CAUSE OF DEATH       | CONTRIBUTING                                    |   |  | ογ, Yeor<br>19                    | 21c. HOW INJU           | RY OCCUI                    | RRED (Ente          | r notur                           | e of injury in Port 1 or Po  | ort 2, Item | 18.)                             | A                |
| CAMINE<br>e the c<br>e 4 sho                       | gge 3 shau<br>crematian,                             | MED           | 21d. INJURY OCC                                       | URRED 21e. PL                                   | ACE OF INJURY (A                        |  | treet,                            | 21f. LOCATION           | Street or F                 | R.F.D. No.          |                                   | City or Town   | (           | County                           | Stote            |
| DEPUTY SICA SICA SICA SICA SICA SICA SICA SICA     | O FUNERAL DIRECTOR: Por<br>Health prior to buriol, o | 230           | 220. 1 death rest                                     | BENE  | Natural caus  Lit  DICT S               | es X, Ac<br>KITARE                         | LIC,                              | Suicide [               | CHIEF ASSISTA DEPUTY ADDRES | Hamicide MEDICAL EX | CAMINE AL EXAMINE EXAMINE EXAMINE | Undetermined make Aleka March  MINER March  MINER March  MINER March  Mon, or county) Cumbo  LOCATION (City or Town) | DATE SIG    | NED<br>1969<br>nd,Md.            |                  |
|  |  | B             | REMOVAL (Specif<br>JRIAL<br>FUNERAL DIRECTO           | Y) MA   | R. 16,                                  |  |                                   | MORIAL                  | PARK                        | So. REC'D I         |                                   | FROSTBURG.   | MD.         |                                  |                  |
| VR A   | 15ME (5)   |               | JOSEPH  | R. DURSI  | , SR.,                                  | FROSTBU                                    | RG, MD                            | . 21532                 | D                           | ATE MA              | R 1                               | 8 1969 1   | Messe       | May Jud                          | al.              |



| <u> </u>   |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03176  |
|--|---------------|--|
|  | L             | CERTIFICATE OF DEATH   |
| death.   |               | ABIGAIL L. HENDERSHOT  ABIGAIL L. HENDERSHOT  20. DATE OF DEATH  MARCHITH 3, Doy1 969 or 8:50 PM   |
| the fam  | 3. \$         | FEMALE  4. RACE WHITE  5. DATE OF BIRTH 9-8-1883  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   IF |
| 4 haurs<br>d in by<br>Pers. Po<br>72 haurr   | 7o.           | BIRTHPLACE (State or foreign ntry) MARYLAND  7b. CITIZEN OF WHAT COUNTRY?  S. A. WARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED ALLEGANY  Md.   |
| xecuted within 24 (completely filled in mavement) within 72  |               | CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during USEW In the property of  |
| omplete veent  | 13a.<br>adm   | USUAL RESIDENCE (Where deceased lived, if institution: Residence before lission) STATE PENNA. Job. COUNTYBEDFORD BUFFALO MILLES NO X   |
| icate be executed issician and camplet please remayerent, and in any event, and in a | 14.           | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle HART'SOCK  |
| ertificate be exe<br>physician and<br>hen please rem<br>naval, and in any  | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or maknown)  (If yes give war or dates of service)  Address  220-10-163 OMEMORIAL HOSPITAL, CUMBERLAND, MD.   |
| equires that the death or physician. Signed by the attending burial-transit permit. I burial, crematian, ar ren  | z             | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |
| IAN: The law rectal are attending plant of the law seen star use as the bit Health prior tab   | CERTIFICATION | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO CAUSES OF DEATH?   |
| iclan:<br>piral ar<br>prificate<br>artificate<br>ad far u  | MEDICAL CE    | GRICONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 19   |
| G PHYS<br>the has<br>this ce<br>detach   | ×             | While Not while at work of work of work of the sounding, etc.  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta   |               | 220. I certify that (I) (this hospital) attended the deceased from 2 1, 19 1, that (I) (we) last saw the deceased alive an 1, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  ATTENDING MED. STAFF 22c. DATY SIGNED  |
| AL OR TO BE  |               | DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS.   |
| SPIT 4 mw  |               |  |
| TO HOSPITAL of Page 4 may b To FUNERAL D director, page shauld be file   |               | BURIAL (REMATION, Page 123c. NAME OF CEMETERY OR (REMATORY Buffalo Mills, Pa. RD/1   |
| VR A15 (4)<br>45M - 1/69   | 24.           | Harvey H. Zeigler, Hyndman, Pa.  ADDRESS  DATE MAR 10 1969 Circular Judge  |

|                        |              |               | - 1 N -   | 110010   |   |
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| A WERLAND, AM.         | 0 , 14.5192. | OF JATROVIA   |           |          |   |
|                        |              |               |           | T. Marie |   |
| Contract of the second |              |               |           |          |   |
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| A STATE OF             |              | SU TE SKA     |           | 3366     |   |
|                        |              | AVA1          |           |          |   |





MARYLAND STATE DEPARTMENT OF HEALTH 03178 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03183 CERTIFICATE OF DEATH the Tuneral oges I and 2 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR March 20 (Type or print) HENRY VIRGINIA MAE rsicion and completely filled in by the turn please remove carbon papers. Pages T transit permit. Then please remove carbon popers. Pages T cremotion, or removol, and in any event, within 72 hours affer 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS ! HOURS White Female 24 hours 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED West Virginia U.S.A. DIVORCED [ WIDOWED [ Allegany 12g, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR executed within give street address) during most of working life, even if retired.)
HOUSEWIIE Cumberland South St. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 🔽 Allegany wland Cumber land 205 South St 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last Lost requires that the deoth certificate be. Leroy Keller Katie Barger 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, po, or unknown) Walter Henry Cumberland, Maryland APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gave ) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to t has been as the 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO TO be detached for use State Dept. af Heolth p O FUNERAL DIRECTOR: After this certificote 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 4000 22a. I certify that (1) (this haspital) attended the deceased fram... saw the deceased olive on-3/4/69 and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY ON CREMATORY (County) 23a. BURIAL, CREMATION 23b. DATE (State) REMOVAL (Specify) Hillcrest Burial Park Cumberland, Alleg. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 30M REV. DAMEAR Philip B. Wendt 121 Memorial Ave., Cumb.,

| 1. DECEASED-NAME First  | Middle   | ERTIFICATE OF DEATH                            | 03179  |
|---|--|--|--|
| (Type or print) RAYM  | OND EDWARD   | HERSHBERGER 3                                  | ATE OF DEATH  Month 20 Doy 65 eor 2b. HOUR   |
| 3- SEX MALE   | 4. RACE WHITE  | S. DATE OF BIRTH 04 28 98                      | 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   MONTHS   DAYS   HOURS   MIN  |
| 7o. BIRTHPLACE (Stote or foreign country) WEST VIRGINIA       | 7b. CITIZEN OF WHAT COUNTRY? UNITED STATES                           | MAKKIED MEACK MAKKIED                          | TY OF DEATH LEGANY   |
| CUMBERLAND, MD.   | give street address SACRED HEART                                     |  | ATION (Kind of work done High life 1261-1484 Red.)  12b. KIND OF BUSINESS OR WOLLSTRY BY WELLY   |
| 13o. USUAL RESIDENCE (Where deceose odmission) STATE MARYLAND | d lived, if institution: Residence before 13b. COUNTY                | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1   | 30. STREET AND NUMBER 50 N. MECHANIC STREET  |
| 14. FATHER'S NAME First                                       | Middle Lost  | IS. MOTHER'S MAIDEN NAME First                 | Middle Lost  |
| GEORGE 160. WAS DECEASED EVER IN U.S. ARM                     |  |  | All and the second seco |
| Yes, no, or unknown) (If yes give we                          | 214 05 40  |  | 900 SEION DRIVE  |
| 18. CAUSE OF DEATH (Enter onl<br>PART I. DEATH WAS CAUSED     | y one couse per line for (o), (b), and (c).)                         |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH  |
| IMMEDIA   | TE CAUSE (0) AL STICTI   | ORY FAILURE                                    |  |
| Conditions, if ony, which gove)                               | DUE TO, OR AS A CONSEQUENCE OF                                       | OBSTRUCTIVE                                    | 1 WAY DISAGE   |
| rise to immediate couse (a),<br>stating the underlying couse  | DUE TO, OR AS A CONSEQUENCE OF                                       | ODSTRUCTIVE                                    | LUNU VISIOR  |
| lost.   | SHOKIN   | 6  |  |
| PART 2. OTHER SIGNIFICANT CON                                 | DITIONS CONTRIBUTING TO DEATH BUT NO                                 | T RELATED TO THE TERMINAL DISEASE OR CONDITION | GIVEN IN PART 1(o)   |
| 196. DATE OF OPERATION 196. C                                 | ONDITION FOR WHICH OPERATION WAS PER                                 | FORMED 200. AUTOPSY? [2                        | Ob. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING   |
| 19th DATE OF OPERATION 19th C                                 | ONDITION WHICH OF EXAMON WAS FER                                     |  | AUSES OF DEATH?  |
|   |  | 21c. HOW INJURY OCCURRED (Enter noture of      | of injury in Port 1 or Port 2, Item 18.)   |
| G CONTRIBUTING CAUSE OF OEATH                                 | er) P.M. 19  |  |  |
| 21d. INJURY OCCURRED While Not while                          | PLACE OF INJURY ( AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. | 21f. LOCATION Street or R.F.D. No.             | City or Town County Stote  |
| UI WOIK OI WOIK   | haspital) attended the deceased                                      | from 3-11 1969 to                              | 3 (6) 10 (8 4) (10)  |
| saw the deceased all  | ve an 5 - Le) 19   | and that in (my) (aur) aninian de              | ath accurred an the date and haur and fram th  |
| causes stated abave,  | (I) (we) (did) (did nat) view the b                                  | ady after death.                               |  |
| B Ma  | defent four  | DEGREE PHYS. MED. DIRECTOR                     | STAFF D 222-DATE SIGNED 3-20-(9  |
| 22d. PHYSICIAN'S  |  | 22e. ADDRESS                                   |  |
| NAME (Type)   | MATTHEW KAUFMAN  | 912 SETON DRIV                                 | E, CUMBERLAND, MD. 21502   |
|   |  |  |  |
| 23o. BURIAL, CREMATION, 23b. D                                | ATE 23c. NAME OF C   |  | CATION (City or Town) (County) (Stote) unberland, Allegany Md.   |

| • | B |   |     | 5. |   |     |
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| Who will do     | <br>White a broker | PI 11 858     | NORTH HEART HOS | s            | CUHERLIND, |
| CHAPIC S REE    | 1 . 1 0 2          | X UW TUBE     | LLEBALY CULL    | 014.         | 17.54.11   |
| cat hershield   | ansti arita        | ( 宋匡智(中湖代)    | HERSHEELGER     | 3            | SEOR       |
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| ILVID, M. 21502 | התועב, כטישב       | S 12 S 210    | K JUF 10M       | 19987/11.00  |            |
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| 4 1 1  | 03185  |  | 301 W. PRESTON STREET, BALT   |   |   |
|--|--|--|---|---|---|
|  | 00100  |  | CERTIFICATE OF DEATH  |   | 03180   |
| deoth.<br>nerol<br>and 2<br>deoth.   | 1. DECEASED-NAME First (Type ar print) OS (  | Middle W.  | HOLLER  | MARCH Month 22, Do  | 1969 10:30 M  |
| s after<br>the fur<br>ages 1<br>s after  | 3. SEX   | 4. RACE WHITE  | S. DATE OF BIRTH  5 4-92  | 6. AGE (In years lost bast yay) VRS.  | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| 4 hours<br>d in by<br>sers. P  | 7a. BIRTHPLACE (State or foreign country) PENNA.   | 76. CITIZEN OF WHAT COUNTRY?   | 8. MARRIED NEVER MARRIED DIVORCED DIVORCED                          | 9. COUNTY OF DEATH ALLEGANY   | Md  |
| vithin 2   | 10. CITY OR TOWN OF DEATH CUMBERLAND   | 11. NAME OF HOSPITAL OR IN   | Park  | AL OCCUPATION (Kind of wark done of diversionalite, even if retired.)           | 12b. KIND OF BUSINESS OR INDUSTRY StateOf             |
| omplete ve cort, event,  | 13a. USUAL RESIDENCE (Where deceased admission) STATE PENNA.   | ed lived, if institution: Residence before   | 13c. CITY OR TOWN 13d. INSIDE CITY LI                               | MITS? 136. STREET AND NUMBER  | ra.   |
| be exe   | 14. FATHER'S NAME First JOSE PH  | Middle HOLLE   | R IS. MOTHER'S MAIDEN NAME E  | rst-A Middle S  | HEIRER Lost   |
| physician and completely filled in by the funeral and please remove corbon papers. Pages 1 and 2 oval, and in any event, within 12 hours after death.  | 16a. WAS DECEASED EVER IN U.S. ARM<br>Yes, no. or unknown) (If yes give w  | ED FORCES? ar or dates of service) 16b. SOCIAL SECURITY 190 28   |   | SPITAL, CUMBE   | RLAND, MD.  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pagers. Pages 1 and should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 12 hours after death | PART 1. DEATH WAS CAUSED  HMMEDIA  Canditions, if any, which gave rise to immediate cause (a), storting the underlying cause last.  PART 2. OTHER SIGNIFICANT CON  GRANIZALIZE   | TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b) A C V TE A  DUE TO, OR AS A CONSEQUENCE OF  (c) C O L A R T  DITIONS CONTRIBUTING TO DEATH BUT N | NTERIOR MTOCATOSCIE ROSCIE ROSIS - COR<br>ELOSIS HIPTA              | ORDIAL INFA  ONDITION GIVEN IN PART 1(a)  LHERWIA  20b. IF YES, WERE FINDINGS C | ANEMIA  |
| NDING PHYSICIAN: ed by the hospital or for this certificate de be detached for u state Dept. of Heal   | GREAT CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of the control of the co | HOUR A.M. Manth Day Year P.M. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.   | ed from $3 - 20$ , 19.6   |   | County State  |
| SPITAL OR ATTE<br>4 may be retaine<br>NERAL DIRECTOR.<br>tor, page 3 shoul   | 22b. SIGNATURE  22d. PRIST(TAN'S NAME (Type) DR  | SAMUEL M. JACO   | DEGREE PHYS.  DEGREE PHYS.  22e. ADDRESS  CUMBER!                   | ED. STAFF 22c. RECTOR PHYS. 3   | DATE SIGNED 3 - 2 3 - 6 9                             |
| TO HO<br>Poge<br>VR A15 (4)<br>45M - 1/69  | 24 FUNERAL DIRECTOR  | -25-69 23c. NAME OF Schell ADDRESS   | CEMETERY OR (REMATORY<br>1 sburg Cometery<br>1 Maryland 250. RECD 8 | 23d. LOCATION (City or Town) Schellsburg- PREGISTRAR'S 26 1969                  |   |

|               | 03186  | MAKTLAN<br>DIVISION OF VITAL RECORDS,     |                 | ESTON STREET, BALTI             |                  | 'LAND 21201                              | 0210                        |                                 |
|---------------|--|---|-----------------|---------------------------------|------------------|--|-----------------------------|---------------------------------|
|               | 02100  |   | CERTIFICA       | TE OF DEATH                     |                  |  | 0318                        | 1                               |
|               | ECEASED-NAME First Type or print)  | Middle                                    |                 | Lost                            | 20. DATE OF D    |  | - 4                         | 2b. HOUR                        |
|               | JOHI   |   |                 | HUGHES                          |                  | Month Boy                                | 69                          | 9:00A M                         |
| 3. SI         |  | 4. RACE                                   |                 | . DATE OF BIRTH                 |                  | AGE (In years                            | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS.<br>HOURS MIN.  |
| 1             | MALE   | ESWADOEX WHIT                             |                 | 1-17-87                         |                  | 82 " YRS.                                | MONITO DATA                 | HOURS MIN                       |
| COU           | BIRTHPLACE (Stote or foreign 71  | b. CITIZEN OF WHAT COUNTRY?               |                 | I HEACK HOWKIEDS                | 9. COUNTY OF D   | GANY                                     |                             |                                 |
|               | TITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL OR IN                | WIDOWED         |                                 |                  |  |                             | Md                              |
|               | CUMBERBAND   | give WE MOR I AL                          | HOSPI           | TAL during me                   | TILE             | (ind of work done<br>e even if retired.) | 12b. KIND OF I              | NESE                            |
| 13o.<br>odm   | USUAL RESIDENCE (Where deceosed ission) STATE MARYLAND   | lived, if institution: Residence before   | 13c. CITY OR TO | OWN 13d. INSIDE CITY LIA        | AITS? 13e. STRE  | ET AND NUMBER<br>URCH HILL               |                             |                                 |
| 14.           | FATHER'S NAME First  | Middle Lost                               |                 | MOTHER'S MAIDEN NAME FI         | rst              | Middle                                   |                             | Lost                            |
|               | FRANCI   | S P. HUGH                                 |                 |                                 | MARY             |  | KIL                         | DOFF                            |
| 16o.<br>Y     | was deceased ever in u.s. ARMED es, no or unknown) (If yes give war o  | FORCES? 16b. SOCIAL SECURITY              |                 | MORIAL HOS                      | PITAL            | Address<br>CUMBER                        | LAND,                       | MD.                             |
|               | 18. CAUSE OF DEATH (Enter only   | one couse per line for (d), (b), and (c)  | <del></del>     | 0 .1                            | ,                |  | APPROXIM                    | MATE INTERVAL<br>NSET AND GEATH |
|               | PART I. DEATH WAS CAUSED B   | (AUSF 10) Chemi                           | un -            | - lanal far                     | liers            |  |                             | U-C.AL                          |
|               | 2509   | DUE TO, OR AS A CONSEQUENÇE OF            |                 | 1                               | - 1/2            | oselve                                   |                             |                                 |
|               | Conditions, if ony, which gove rise to immediate couse (a),  | (b) hefth                                 | niscle.         | 000                             | avren            | eselver                                  | 1 2 7                       |                                 |
|               | stoting the underlying couse   | DUE TO, OR AS A CONSEQUENCE OF            | shep.           | heelhop                         |                  |  | 10                          | 92-ca-                          |
| 7             | PART 2. OTHER SIGNIFICANT CONDI  | TIONS CONTRIBUTING TO DEATH BUT N         | OT RELATED TO T | THE TERMINAL DISEASE OR CO      | ONDITION GIVEN I | N PART 1(0) 7 The                        | elen to                     | 14                              |
| CERTIFICATION | 190. DATE OF OPERATION 19b. CO   | NOITION FOR WHICH OPERATION WAS PE        | RFORMED         | 20o. AUTOPSY? YES NO            |                  | S, WERE FINDINGS CO                      | NSIDERED IN CE              | RTIFYING                        |
| CERT          | 21o. ACCIDENT WAS UNDERLYING   | 21b. TIME OF INJURY                       | 21c. HOW        | / INJURY OCCURRED (Enter        | noture of injury | in Port 1 or Port 2 It                   | em 18.)                     |                                 |
| DICAL         | OR CONTRIBUTING CAUSE OF DEATH   | HOUR A.M. Month Doy Year<br>P.M.          |                 | (2000)                          | and and and      |  | ,                           |                                 |
| ME            |  | ACE OF INJURY (AT HOME, FARM, STREET, FAI |                 | ATION Street or R.F.D. No.      | City or          | Town                                     | County                      | Stote                           |
|               | 220. I certify that (1) (this  | hospital) attended the decease            | ed from         | , 19                            | 5.7, to          | 5/9,196                                  | 7 , thot                    | (I)) (we) lost                  |
|               | sow the deceosed oliv<br>couses stated obove, (  | e on [] (we) (did) (did not) view the     | 19. 67. ond t   | thot in (my) (our) opir<br>oth. | nion death ac    | curred on the dot                        | e ond hour d                | ond from the                    |
|               | 22b. SIGNATURE   | Mouna                                     | DEGREE          | ATTENDING MI                    | D. RECTOR        | STAFF 22c. D                             | ATE SIGNED                  | 9                               |
|               | 22d. PHYSICIAN'S<br>NAME (Type) DR. S  | . G. WEISMAN                              |                 | 22e. ADDRESS CUMB I             |                  | 11113.                                   |                             |                                 |
| 22-           |  |   | CEMETERY OR CO  |                                 |                  |  | 10                          | 15                              |
| 230.          | BURIAL, CREMATION, 23b. DATE OF CONTROL OF C |   | CEMETERY OR CR  | S CEMETERY                      | 23d. LOCATION    |  | (County)                    | (Stote)                         |
| -             | FUNERAL DIRECTOR   | ADDRESS                                   |                 | 2So_RECD_BY                     | REGISTRAR        | VAGE, MD.                                | GNATURE                     |                                 |
| 1             | JOSEPH R. DURST.   | FROSTBURG, MD.                            | 21632           | DATE                            | REGISTRAR 1969   | St. Canal                                | my freedy                   | Steen .                         |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03182 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR after death (Type or print) Month Yeor Doy 1969 CLARENCE HURSH MARCH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) DAYS HOURS MALE WHITE OCT. 11.1882 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED country) complétely filled in don popers. ALLEGANY USA DIVORCED [ PENNA WIDOWED [ and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH within give street oddress) during most of working life, even if retired.) INDUSTRY CUMBERLAND CONV. CENTER SUPERVISOR RAILROAD CUMBERLAND 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? cor 13e. STREET AND NUMBER that the death certificate be executed 13b. COUNTY LEGANY 723 BEDFORD STREET YES X NO remave 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle First Lost CHARLES HURSH MILLER MARY 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, CLAIRE HURSH CUMBERLAND, MD. MRS. 717 07 51772 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ far use Dept. af Health Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M Month Doy P.M (If either, notify medical examiner) detached 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote 21d. INJURY OCCURRED City or Town County While Not while 22a. I certify that (I) (this haspital) attended the deceosed from 19 (1) (we) last saw the deceased alive on 19 (1) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the with the causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** director, page 3 should be filed v DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) DR. CLAY E. DURRETT 236 VIRGINIA AVE. CUMBERLAND 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) **CUMBERLAND** MARCH 10.1969 ST. PETER & PAIL CEM 24. FUNERAL DIRECTOR VR A15 (4) BYRON KIGHT CUMBERLAND, MD. 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH

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| +   | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH   |   |  |                               |  |
|---|--|---|--|-------------------------------|--|
|   | . DECEASED-NAME (Type or print) ANG  | Middle  | JACKSON  | 20. DATE OF DEATH Month MARCH | 03183 HOUR<br>Day 1969 7:50                          |
| rs after  | FEMALE   | 4. RACE WHITE   | S. DATE OF BIRTH   | lost birthday) 63             | IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
|   | MARYLAND   | U.S.A.  | MARRIED  | 9. COUNTY OF DEATH ALLEGANY   |  |
| 01  | dmissian) STATE MARYLANI   | d lived, if institution: Residence before 13. 13b. COUNTILEGANY   | STREET HOU<br>C. CITY OR TOWN 13d. INSIDE CITY OF<br>PROSTBURG YES N | °□ 136 W. MA]                 | OWN HOME  IN STREET                                  |
|   | 4. FATHER'S NAME First WILLIAM 60. WAS DECEASED EVER IN U.S. ARMI  | Middle Last  BAUER  D FORCES? 16b. SOCIAL SECURITY NO.  | 1S. MOTHER'S MAIDEN NAME F.  | RANCES                        | GOODWIN  |
|   | Yes no or unknown) (If yes give wa   | ror dates of service) NONE  | MR. THOMAS J   | ACKSON, 136 W.                | OSTBURG, MD.   |
|   | Canditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICANT CONI   | DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BUT NOT R | ELATED TO THE TERMINAL DISEASE OR                                    |                               | BETWEEN ONSET AND DEATH 24 W.S.                      |
|   | RIFICA   | ONDITION FOR WHICH OPERATION WAS PERFO  | YES NO   | CAUSES OF DEATH?              | GS CONSIDERED IN CERTIFYING                          |
|   | ਰ □ OR CONTRIBUTING □ CAUSE OF DEATH   | HOUR A.M. Manth Day Year<br>P.M. 19   | 21c. HOW INJURY OCCURRED (Enter) 21f. LOCATION Street or R.F.D. No.  |                               | County State   |
| should be filed with the State Dept. af Health prior to | 22a. I certify that (I) (this haspital) attended the deceased from, 19.63, ta. www. 20, 19.69, that (I) (we) lo saw the deceased alive an, 19.64, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. |   |  |                               |  |
|   | 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  LESI   | TIE R. MILES, M.I   | 22e. ADDRESS   | MED. STAFF DIRECTOR PHYS.     | 22c. DATE SIGNED  3 1 2 2 . 69  NING. MD.            |
|   | 13a. BURIAL, CREMATION, 23b. D   | ATE 23c. NAME OF CEM  | ETERY OR CREMATORY  AGE CATH, CEM                                    | 23d. LOCATION (City or Town)  | (County) (State) ALLEGANY MD                         |
| -   |  | VERS HAFER-SOWER  | S FUNERAL 250. REC'D   | PY REGISTRAR 2Sb. REGISTRA    | AR'S SIGNATURE                                       |

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| 1   |         | 03189  | DIVISIO                                    | N OF VITAL RECORDS  | 301 W. PF                                       |   | ALTIMORE, MA        | ARYLAND 21201                                     | 0210                                | ,                                     |
|---|---------|--|--|---|---|---|---------------------|---|-------------------------------------|---------------------------------------|
|   |         | 09103  |  |   | CERTIFIC  | ATE OF DEATH  | H                   |   | 0318                                | 4                                     |
| death.  |         | DECEASED-NAME     (Type or print)                                    | ANN I E                                    | Middle  | JE  | NK I'NS   | 2a. DATE O          |   | oy 2 Yeor 69                        | Phone 5                               |
|   |         | 3. SEX<br>FEMALE   | 4. RACE                                    | VHITE   |   | 5. DATE OF BIRTH 7-6-188                                  | 1                   | 6. AGE (In years last birthday)                   | MONTHS DAYS                         | IF UNDER 24 HRS.<br>HOURS MIN         |
| 4 haurs   | 10011 7 | 70. BIRTHPLACE (State or fare country) MARYLAN                       |  | OF WHAT COUNTRY?  | 8. MARRIED [<br>WIDOWED ]                       | NEVER MARRIED DIVORCED                                    | 9. COUNTY O         | F DEATH   |                                     | Md.                                   |
| within 24 haurs after<br>lely filled in by the uban papers. Pages I within 72 haurs after   | 50      | 10. CITY OR TOWN OF DEATH  CUMBERLA                                  |  | 11. NAME OF HOSPITAL OR IN give street address) MEN           | ISTITUTION (If no                               | t in hospital 120 II                                      | ISUAL OCCUPATION    | N (Kind of work dane<br>to life even if retired.) | 12b. KIND OF BI                     |                                       |
| executed v  | 01      | 13a. USUAL RESIDENCE (Where odmission) STATE MAR                     | yLAND <sup>3b.</sup> CO                    | institution. Posidones hafore                                 | 13c. CITY OR                                    | TOWN 13d. INSIDE CO                                       | TY LIMITS? 13e. S   | TREET AND NUMBER                                  |                                     | IOPILI .                              |
| be exe  |         | 14. FATHER'S NAME First  DEN   | Mi   | ddle Last   |   | MOTHER'S MAIDEN NAM                                       |                     | Middle  |                                     | last<br>GEE                           |
| requires that the death certificate be executed within 24 haurs after a grayician.  I signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbon papers. Pages is the please to the pages.  | in in   | 16a. WAS DECEASED EVER IN  |  | 16b. SOCIAL SECURITY 214 05 6                                 | NO. 17. IN                                      | FORMANT<br>EMORIAL H                                      | OSPITAL             | - CUMBERI   | AND, ME                             | ).                                    |
| ng bu   |         | 18. CAUSE OF DEATH (   | Enter anly one cause                       | per line far (a), (b), and (c)                                | .)  |   |                     |   | APPROXIMA<br>BETWEEN ONS            | ATE INTERVAL<br>SET AND DEATH         |
| ne death<br>attendii  | 5       | PART I. DEATH WA   | S CAUSED BY:<br>IMMEDIATE CAUSE (a         | Cerebral  | Vasc  | lar Acci  | dent                |   | 2 ds                                |                                       |
| he d  | È.      | 4104   | DUE TO                                     | O, OR AS A CONSEQUENCE OF                                     |   |   |                     |   |                                     |                                       |
| at th   |         | Canditians, if any, whice rise to immediate cau                      | se (a). (                                  | Arteriosc   | lerot   | ic Cardio   | vascul              | arDiseas  | Yes                                 | ars                                   |
| equires that th<br>I physician.<br>signed by the<br>burial cremati  | ,       | stoting the underlying last.   | (  | O, OR AS A CONSEQUENCE OF                                     |   |   |                     |   |                                     |                                       |
| requestion of the sign of the |         | PART 2. OTHER SIGNIFIC   |  | NTRIBUTING TO DEATH BUT N                                     |   |   | OR CONDITION GIVI   | EN IN PART 1(a)                                   |                                     |                                       |
| law<br>nding<br>beer<br>s the   | 5       | 19a. DATE OF OPERATION   | Acute<br>119b CONDITION F                  | Congestive OR WHICH OPERATION WAS PE                          | Hear  | E Failure   | 206 1               | F YES, WERE FINDINGS                              | CONCIDEDED IN CED                   | TIEVING                               |
| The after has   | 2       | 19a. DATE OF OPERATION 210. ACCIDENT WAS UN                          | 170. CONDITION                             | OR WHICH OF ERRITOR WAS TE                                    | KIOKHED   | YES NO  | CALICE              | S OF DEATH?                                       | CONSIDERED IN CER                   | INTING                                |
| ICIAN:<br>pital ar<br>rtificate<br>d far u  |         | 210. ACCIDENT WAS UN  OR CONTRIBUTING CAU  (If either, natify medica | SE OF DEATH HOUR                           | TME OF INJURY  A.M. Month Day Year P.M.                       |   | W INJURY OCCURRED (E                                      |                     | ury in Part 1 or Port 2                           | , Item 18.)                         |                                       |
| S PHYS the has this ce detache  |         | While Not while at work  | 21e. PLACE OF IN                           | JURY (AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC.      |   |   |                     | y or Town   | County                              | Stote                                 |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial treat should he filed with the State Dent of Health prior to burial treats.  |         | 22a. I certify that<br>saw the decec<br>causes stated                | (1) (this haspital sed alive an abave, (1) | ) attended the deceas<br>March 2'<br>(did) (discontinuous the | ed fram<br>19 <b>_6.9</b> , and<br>bady after d | ('eb_26_, 19<br>that in (my) <del>√oy</del> r) c<br>eath. | 69, toapinian death | March2, 1 accurred on the d                       | 9 <u>69</u> , that (late and haur a | l) ( <b>2</b> Ce) last<br>nd fram the |
| OR AT  OR AT  DIRECTOR  or 3 sho  | 1       | 22b. SIGNATURE   | Helle                                      | lh  | DEGRE   | ATTENDING   | MED. DIRECTOR       |   | DATE SIGNED 3-2-69                  |                                       |
| SPITAL<br>4 may<br>NERAL I<br>far, pag  |         | 22d. PHYSICIAN'S<br>NAME (Type) G                                    | Overtor                                    | Himme Lari  | ght, 1  | 22e. ADDRESS<br>M.D. 133                                  | Virgini             | La Ave.   | Cumberla                            | n d.Md                                |
| TO HO Page To FUN   |         | 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br>BURIAL               | 23b. DATE MAR.5                            | 23c. NAME OF<br>L969 MT. PI                                   | CEMETERY OR C                                   | CEMETER   | Y CUMI              | ON (City or Town)  BERLAND                        | (County)                            | (State)                               |
| VR A13<br>45M   | RE      | 24. FUNERAL DIRECTOR BYRON KI  |  | CUMBERLAND,   |   | 2Sa. REC'I  | R 6 19              | 2Sb. REGISTRAR                                    |                                     |                                       |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03190 CERTIFICATE OF DEATH 03185 1. DECEASED-NAME First 20. DATE OF DEATH at Middle executed within 24 hours after death. hours after-death Johnston (Type or print) B. Charles 1969 March 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR Male White 2/2/1890 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) W. Va. .. U. S. A. Allegany County completely filled in nave carban paper WIDOWED X7 DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital place in the street oddress) A LLO SAN COUNTY during most of working life, even if retired. Retired: Boiler —— 10. CITY OR TOWN OF DEATH Cumberland event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY 125 Polk Street Allegany CumberlandYESK NO T burial, crematian, ar remaval, and in any 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First and Middle Robert Rebecca Snyder Johnston requires that the death certificate 17. INFORMANT P.O. Box 599, 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. AddressCumberland.Md Yes, na, or unknown) 705-09-8687 Allegany County Infirmary records. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES [7] 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INDURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from March 17, 1969, ta March 2019 69, that (I) (we) last saw the deceased alive on March 20, 1969, and that in (my) (our) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S MAME (Type) 22e. ADDRESS Memorial Hospital. Cumberland. Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. ŁOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) 3/24/69 Berkeley Springs W. Va Greenway Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 21502 250. REC'D BY REGISTRAP 969 25b. REGISTRAP'S SIGNATURE VR A15 (4) 45M - 1/69 Silcox-Merritt Funeral Service. Cumberland, Maddat Mania

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03191 03186 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR the funeral ages 1 and 2 rs after death. requires that the death certificate be executed within 24 haurs after death (Type or print) burial-transit permit. Then please remave carbon papers. Pages 1 burial, cremation, ar remaval, and ip any event, within 72 haurs after IF LINOER 1 YEAR IE LINGER 24 HRS 3. SEX BIRTH 6. AGE (In years last birthday) 3 16 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN WHAT COUNTRY? MARRIED NEVER MARRIED .⊆ alleg ann WIDOWED 7 DIVORCED [ campletely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR and campletely til 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR JOWN 13b. COUNTY YES TH 14. FATHER'S NAME HER'S MAIDEN NAME First Middle Middle attending physician permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17. INFORMAN Address Yes, no or unknown) (If yes give war or dates of service 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BEDALEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion day IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease VYS signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF ar attending physician. stating the underlying couse 20 yrs. artery disease lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) arteriosclerosis-advanced age. detached for use as the e Dept. of Health priar to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? None YES 🗔 FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year None (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Town State County While Not while at wark None 22a. I certify that (I) (this haspital) attended the deceased from March 4, 1955, ta Mar. 16, 19 69, that (I) (we) last saw the deceased alive an intermediate and haur and from the pe director, page 3 shauld shauld be filed with the causes Cated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED ATTENDING. DEGREE PHYS DIRECTOR 220 PHYSICIAN'S 22e. ADDRESS NAME (Type) James P. Hallinan 140 Bedford . Cumberland CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION. 23b. DATE 0 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV.

A SELECTION OF THE PROPERTY OF

|                                       | 20100  |  | ID STATE DEPARTMENT OF . 301 W. PRESTON STREET, BAL |  |   |
|---------------------------------------|--|--|---|--|---|
|                                       | 03192  |  | CERTIFICATE OF DEATH                                |  | 03187   |
|                                       |  | First Middle MARY Letticia   | Lost<br>KAHL<br>S. DATE OF BIRTH                    | 2a. DATE OF DEATH Manth MARCH  6. AGE (In years                          | y 1969 4:35<br>I IF UNDER 1 YEAR I IF UNDER 24 HR |
| H                                     | FEMALE   | WHITE  | APRIL 18  | , 1882   last birthday) YRS.   | MONTHS DAYS HOURS MIL                             |
|                                       | 7a. BIRTHPLACE (State är fareign country) MARYLAND   | U.S.A.   | 8. MARRIED NEVER MARRIEO DIVORCED DIVORCED          | 9. COUNTY OF DEATH ALLEGANY  |   |
| 50                                    | 10. CITY OR TOWN OF DEATH CUMBERLAND   | give street address) MEMORIAL  | HOSPITAL HOU  | AL OCCUPATION (Kind of work dane nast of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY Home            |
| 1                                     | admissian) STATE  MARYLAN  14. FATHER'S NAME First   |  | CUMBERLAND YES N                                    | °□ 625 COLUM   |   |
| 1                                     | Edwa   | middle Lusi  | ND 15. MOTHER'S MAIDEN NAME Reb                     | First Middle   | JENKINS   |
|                                       | 16a. WAS DECEASED EVER IN U.S.   |  |   | Address<br>OSPITAL, CUMBERI  |   |
|                                       | PART I. DEATH WAS CA   | er anly ane cause per line far (a), (b), and (c) AUSED BY: MEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF | nema  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH      |
|                                       | Canditions, if any, which grise to immediate cause stating the underlying ca   | ave) (b) My  | 1/  |  | 2 mos   |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  | (c) (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NO 196. CONDITION FOR WHICH OPERATION WAS PE                  |   | 20b. IF YES, WERE FINDINGS O   | CONSIDERED IN CERTIFYING                          |
|                                       | 19a. DATE OF OPERATION  21a. ACCIOENT WAS UNDER  OR CONTRIBUTING CAUSE OF COMPANY MEDICAL PROPERTY OF COMPANY MEDICAL PROPERTY OF COMPANY OF COMPANY AND | F DEATH HOUR A.M. Manth Day Year   |   | CAUSES OF DEATH? er nature of injury in Part 1 or Part 2,                | Item 18.)   |
|                                       | While Nat while at wark  | 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.                                       | CTORY.) 21f. LOCATION Street ar R.F.D. No           |  | Caunty State                                      |
|                                       | 22o. I certify that (I)<br>saw the decease<br>causes stated ab   | (this hospitol) attended the deceased alive an across (I) (we) (did) (did not) view the                      | ed from   | inian death occurred on the do   | Lo G, that (I) (we) lote and haur and from the    |
| 1                                     | 22b. SIGNATURE  22d. PHYSICIAN'S   | ung Jours  | DEGREE PHYS.  | MED. STAFF 224.  | DATE SIGNED                                       |
|                                       | NAME (Type)  |  | 22e ADDRESS<br>236 VIRGI                            | NIA AVE., CUMBE  | RLAND, MD.  |
|                                       | REMOVAL (Specify)  | 3/11/69 Zion   | cemetery or crematory Luth.Ch. Cem.                 | 23d. LOCATION (City or Town) Accident, Garre                             |   |
| R                                     | 24. FUNERAL DIRECTOR   | ADDRESS<br>man Grantsvi  | MAF   | 1 2 1969 25b. REGISTRAR'S  | SIGNATURE COMPANY                                 |

\$2180 ET E MERCH LINEAU LE The Court of Lines I was a street of the court of the cou 1.6 LAST OF THE PARTY Off. C. Dugrasan - 236 Virolina ave., coursenance, etc. . W. Cantrale, Indicate to . met . Mr. done motivate and a large transfer. general to the second of the s

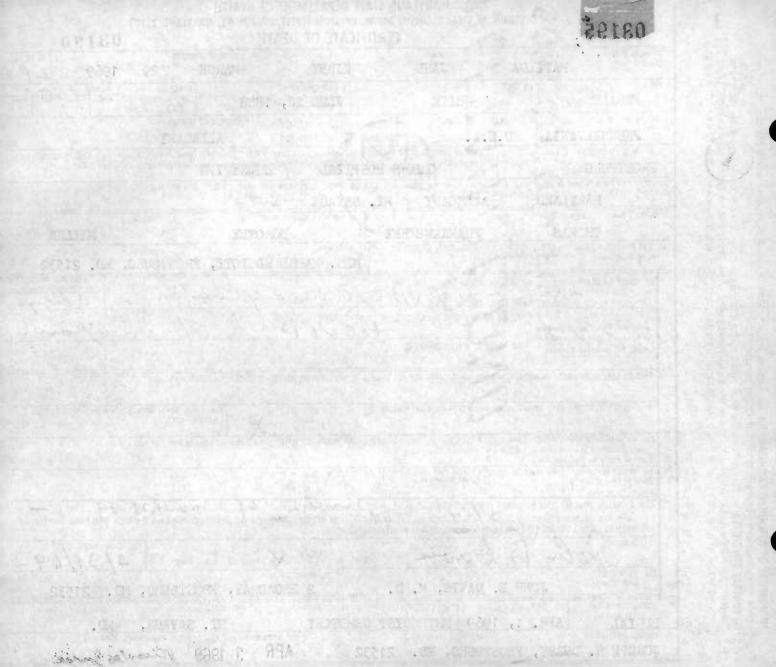
| 2 | 1  |               | 03193  | DIVISION OF                             | VITAL RECORDS                                      | 301 W. P              | RESTON STREI          |   | E, MARYLAND 212                         |                          |                          |                               |
|---|--|---------------|--|---|--|-----------------------|-----------------------|---|---|--------------------------|--------------------------|-------------------------------|
|   |  |               |  |   |  | CERTIFIC              | ATE OF D              | EATH  |   | 03                       | 188                      |                               |
|   | death.   |               | ECEASED-NAME Fire  |   | Middle W   | KI                    | DWELL                 | 2a. [   | MARCH                                   | 25                       | 1969                     | 2b. HP981<br>7:20 N           |
|   | the fur ages of a offer  | 3. S          | MALE   | 4. RACE                                 | IITE   |                       | 5. DATE OF BIRTH 9-10 | -82   | 6. AGE (In year                         | rs i                     |                          | IF UNDER 24 HRS.<br>HOURS MIN |
| • | t hour in by ers. P  | 7a.           | BIRTHPLACE (State or fareign AW PAW, W. VA   | 7b. CITIZEN OF W                        | HAT COUNTRY?                                       | 8. MARRIED<br>WIDOWES | NEVER MARRIE          |   | NTY OF DEATH                            |                          |                          |                               |
|   | and completely filled in by the remove carbon papers. Pages in any event, within 72 hours aft  | 10.           | CITY OR TOWN OF DEATH UMBERLAND, MI  | 11. N                                   | AME OF HOSPITAL OR IN                              |                       | ot in hospitol        | 120. USUAL OCCU                                   | PATION (Kind of work                    | done                     | 12b. KIND OF BI          | USINESS OR                    |
|   | cuted v  | 13a.<br>adm   | USUAL RESIDENCE (Where dece ission) STATE MD.  | 13b. AUNTY                              | tian: Residence befare                             | 13c. CITY OR          | ERLANDY               | INSIDE CITY LIMITS?                               | 13e. STREET AND NUMB                    | ER                       |                          | oau                           |
|   | h dnd c  |               | FATHER'S NAME First  GEOR  |   | K I DV   | ELL 15                | . MOTHER'S MAIDE      | EN NAME First                                     | A Mid                                   | dle                      | FL                       | Last<br>ANE                   |
|   | physicion<br>physicion<br>nen please<br>noval, and i   | 16a           | (If yes give   | MED FORCES?<br>war or dates of service) | 16b. SOCIAL SECURITY 220-10-2                      |                       | MOR I AL              | HOSPIT  | AL, CUMBE                               |                          | ND, MI                   | D.                            |
|   | e deoth c<br>attending<br>sermit. The  |               | 4019   | ED BY:<br>IATE CAUSE (a)<br>DUE TO, OR  | AS A CONSEQUENCE OF                                | al.                   | ma                    | 1./   |   |                          | APPROXIMA<br>BETWEEN ONS | ATE INTERVAL SET AND DEATH    |
|   | physician<br>physician<br>signed by the<br>burial-transit<br>burial, cremati   |               | Canditians, if day, which gave<br>rise to immediate cause (a)<br>stating the underlying cause<br>last. | (D)                                     | Masse AS A CONSEQUENCE OF                          | ereg                  | selei                 | free  | nonhy                                   | <                        | 5%                       | 2gr                           |
|   | v requires<br>ing physici<br>en signed<br>he burial-t<br>ta burial,  | NO            | PART 2. OTHER SIGNIFICANT CO   | ONDITIONS CONTRIBU                      | TING TO DEATH BUT N                                | OT RELATED TO         | THE TERMINAL D        | ISEASE OR CONDITIO                                | ON GIVEN IN PART 1(0)                   |                          |                          |                               |
|   | PHYSICIAN: The low re<br>the hospital or attending<br>this certificate has been<br>detoched for use as the<br>e Dept. of Health prior ta | CERTIFICATION |  |   | IICH OPERATION WAS PE                              | RFORMED               | 2Do. AUTOPSY<br>YES   | (?<br>NO 🔲  | 20b. IF YES, WERE FIND CAUSES OF DEATH? | INGS CON                 | SIDERED IN CER           | RTIFYING                      |
|   | PHYSICIAN: The e hospital or atte his certificate has stocked for use a Dept. of Health pr   | MEDICAL CE    | 21o. ACCIDENT WAS UNDERLY  or contributing cause of de (If either, natify medical exam                 | HOUR A.M.                               | FINJURY<br>Manth Day Year                          |                       | W INJURY OCCURI       | RED (Enter nature                                 | of injury in Port 1 or Po               | ort 2, Iter              | m 18.)                   | Web 188                       |
|   | G PHYSIC<br>the hospi<br>this certi<br>detoched<br>ie Dept. o  | ME            | While Nat while at work  |   | AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC. | 800                   | CATION Street of      |   | City or Town                            |                          | County                   | Stote                         |
|   | DIN<br>J by<br>After<br>J be<br>State  |               | 22a. I certify that (I) (t<br>saw the deceased<br>causes stated above                                  | his haspital) attalive an               | ended the deceas                                   | ed from 19            | that in (my) (        | , 19 <i>_69</i> ,<br>(aur) apin <del>i</del> an d | ta mees Z S<br>eath accurred an th      | , 19 <u>4</u><br>he date | , that (<br>and havr a   | (1) (we) last<br>nd fram the  |
| • | TO HOSPITAL OR ATTEN Poge 4 moy be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the                        |               | 22b. SIGNATURE   | 9 St                                    | mes  | DEGR                  | ATTENDING             | MED.<br>DIRECTOR                                  | STAFF PHYS.                             | 22c. DA                  | TE SIGNED                | 9                             |
|   | O HOSPITAL OR Poge 4 moy be O FUNERAL DIR director, page 3 should be filed   |               | 22d. PHYSICIAN'S<br>NAME (Type)  | CLAY E.                                 | DURRETT  |                       | 22e. ADDRES: 236      | S   | A AVE., CL                              | JMBE                     | RLAND                    | , MD.                         |
|   | TO HO<br>Poge<br>TO FUN<br>direct<br>shoul   |               | Buny (Specify) Ma  | DATE<br>r.28,196                        |  | ow Cem                |                       | Pa  | LOCATION (City or Town) W Paw, W. V     | a .                      | (County)                 | (State)                       |
|   | VR A15 (4)<br>45M - 1/69   | 24.           | FUNERAL DIRECTOR  James F. Scarp   | elli, Cu                                | mberland   | Md.                   | 250<br>DA             | o. REC'D BY REGIST                                | 1969 2Sb. REGIST                        |                          | NATURE Question          | 22                            |

| 3818                                    |           |           |         |         |             |         | <b>\$2188</b> |
|---|-----------|-----------|---------|---------|-------------|---------|---------------|
| * |           |           | JUBMON  |         | W           | HAZEOL  |               |
|   |           |           |         |         | 37 (***)    |         |               |
|   | Y         | 93_1.IA   | X       |         | AE          |         |               |
|   |           | Tour Land | -11.    | 19601   |             | a (1)   | AAJ1BB1100    |
| 4.1                                     | a iman    | . 7 7     | MALPIEN | 100     | MULDECAUM   |         | ing.          |
| al of the s                             |           | 1.1.1.15  |         | 1151111 | )()(        | 10512   |               |
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| 414,193                                 | MUD., EUM | Alden     | 7 3E2   | Ti      | Es Dunne    | YAJO .T | 0             |
|   |           |           |         |         | on Society, |         |               |

| 1 1   | 03194  | DIVISION OF VITAL RECORDS, 30  | THE DEPARTMENT OF HE,<br>DI W. PRESTON STREET, BALTIM<br>RTIFICATE OF DEATH | ORE, MARYLAND 21201  | 03189   |
|---|--|--|---|--|---|
| death.  | DECEASED-NAME     (Type or print)  | First Middle CORA RACHEL N.  |   | 2a. DATE OF DEATH  3 Manth 8 Day   | 2b. HOUR  |
| executed within 24 haurs after death.  and campletely filled in by the funeral remove carban papers. Pages 1 and 2 n any event, within 72 haurs after death.  | 3. SEX FEMALE  | 4. RACE WHITE  | S. DATE OF BIRTH 07 /14 /85   | 6. AGE (In years last billiamy)  | IE UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| 24 hau  | 7o. BIRTHPLACE (State or foreign country)  | USA  | WIDOWED DIVORCED  |  | LLEGANY   |
| within tely fille ban powithing withing   | 10. CITY OR TOWN OF DEATH  CUMBERLAND  |  | HOSPITAL during most  | OCCUPATION (Kind of work dane of working life, even if retired.)   | 12b. KIND OF BUSINESS OR INDUSTRY Restaurant            |
| cample cove can y event   | admission) STATE MD.   | 13b. COUNTY ALLEGANY   | Cumberland, YES X NO  | - The state of the | E STREET  |
| e be ex   |  | RANK DUNN  |   | MARTHA SHORT   |   |
| physici<br>en plec<br>oval, ar  | NU   | give war or dates of service) 214 05 726   | I SACRED HEART HOS  |  | SETON DRIVE MBERLAND, MD.                               |
| The law requires that the death certificate be executed attending physician. has been signed by the attending physician and camplet is as the burial-transit permit. Then please remove carlith prior ta burial, crematian, ar removal, and in any event. | 18. CAUSE OF DEATH (Ent<br>PART I. DEATH WAS C<br>IM<br>Canditians, if any, which g<br>rise to immediate cause<br>stating the underlying ca<br>last. | DUE TO, OR AS A CONSEQUENCE OF  (a), (b)   | L Cardio-Vascul   | er dizoase   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Server    |
| IAN: The law requiral ar attending phy ficate has been sign far use as the burifer Health prior ta buri   | 19a. DATE OF OPERATION   | CONDITIONS CONTRIBUTING TO DEATH BUT NOT I  A LA  195. CONDITION FOR WHICH OPERATION WAS PERFO       | ucelle tres   | 20b. IF YES, WERE FINDINGS CO  | NSIDERED IN CERTIFYING                                  |
| HYSIC<br>hospil<br>is certi<br>ached<br>ept. af   | ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical e  | FDEATH HOUR A.M. Manth Day Year  | 21c. HOW INJURY OCCURRED (Enter no 2) 21f. LOCATION Street or R.F.D. No.    | ture of injury in Part 1 ar Part 2, Ita  | em 18.)<br>Caunty State                                 |
| AL OR ATTENDING P y be retained by the L DIRECTOR: After th age 3 shauld be det filed with the State D  | 22a. I certify that (I) saw the decease  | (this hospital) attended the deceased d alive an 3-2 19:_ave, (I) (we) (did) (did nat) view the back | 69, and that in (my) (aur) apinia   | n death accurred an the date   | e and haur and fram the                                 |
| TO HOSPITAL OR Page 4 may be re TO FUNERAL DIREC director, page 3 shauld be filed w   | 22d. PHYSICIAN'S<br>NAME (Type) DR.  | R. W. BALLIN   |   | TREET -CUMBERLAI   | -10-69  |
|   | BULLAC PREMOVAL (Specify)  24. FUNERAL DIRECTOR H  | 3/11/69 Sunset N<br>Wayne George ADDRESS   | lemorial Park,  |  | (County) (State) Legany Md.                             |
| VR A15 VA 45M - V85   | GEORGE FUNERA  | L HOME -202 GREENE ST  | CUMB., MOMAR 1  | GISTRAR 25b REGISTRAR'S S  | by Judge  |

| 03184                               |               |   |   | A CONSTRUCTION      |              |
|-------------------------------------|---------------|---|---|---------------------|--------------|
| £0:0 69-18                          | 3             | 0.17  | .113                                    | 2 2                 |              |
|                                     | 2 / 5         | W 23  | TIHI                                    |                     | FEHALE       |
| VILLEGE) Y                          |               | , in  |   | AZU                 | . B. W.E.    |
| Researched                          | , 210100      | SPITFL                                      | он тачан аз                             | 1543                | OBALDE ENUC  |
| II. CETT ESTREST                    | 100 X =       | g / tory . Bre - 1                          | Y > Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | DIG.                |              |
| SHCFT TOUR                          |               |   |   | AMK                 | -(           |
| )() SETUH OH 1.<br>CU 1811 L'., L'. | ALT HESPITAL  | SACHED HE                                   | 11: (5 7261                             | 2                   | 51           |
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| and, Allerany Na.                   | ,             | 01/2 20 20 20 20 20 20 20 20 20 20 20 20 20 | Sensor He                               | J/11/6<br>HCNE -202 | WELLE ELLEIN |

|               | 0319\$  | DIVISION OF VITAL RECORDS,  | D STATE DEPARTMENT OF<br>301 W. PRESTON STREET, BALT<br>ERTIFICATE OF DEATH | IMORE, MARYLAND 21201  | 03190  |
|---------------|---|---|---|--|--|
|               | DECEASED-NAME First (Type or print) MAT:  |   | KIRBY   | 2a. DATE OF DEATH  | 25. HOUR 2 P   |
|               | FEMALE  | 4. RACE WHITE   | JUNE 28, 18   | 6. AGE (In yeors last birthday)  | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN       |
| (0)           | 8IRTHPLACE (State or foreign untry) PENNSYLVANIA                                      | 7b. CITIZEN OF WHAT COUNTRY? U.S.A.   | B. MARRIED NEVER MARRIED DIVORCED DIVORCED                                  | 9. COUNTY OF DEATH ALLEGANY  | M  |
| 10.           | FROSTBURG   | 11. NAME OF HOSPITAL OR INS. give street oddress NERS   |   | AL OCCUPATION (Kind of work done of the street of the stre | 12b. KIND OF BUSINESS OR<br>INDUSTRY                         |
| odi           | i. USUAL RESIDENCE (Where deceos<br>mission) STATE MARY LANT                          | ed lived, if institution: Residence before  | 13c. CITY OR TOWN 13d. INSIDE CITY YES X N                                  | IMITS? 13e. STREET AND NUMBER  |  |
| 14.           | FATHER'S NAME First   | Middle Lost   | IS. MOTHER'S MAIDEN NAME  |  | lost   |
| 16            | THOMAS  D. WAS DECEASED EVER IN U.S. ARN  Yes, no, or unknown) (If yes give w         | FRANKENBERF ED FORCES? or or dates of service)  FRANKENBERF 16b. SOCIAL SECURITY N  | O. 17. INFORMANT  | Address<br>LIOTT, FROSTBURG,   |  |
|               | PART I. DEATH WAS CAUSED  | Y one cause per line for (o), (b), ond (c), BY: TE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF | He URP  | pensation  | APPROXIMATE INTERVAL BETWEEN ONOT AND DEATH 3 Occupe  Flexes |
| CERTIFICATION | 190. DATE OF OPERATION 196. (   | (c)   | FORMED 200. AUTOPSY?  YES \( \square\) NO                                   | 20b. IF YES, WERE FINDINGS (   |  |
| MEDICAL CE    | OR CONTRIBUTING CAUSE OF DEATH  | HOUR A.M. Month Doy Yeor<br>er) P.M. 19   |   | r noture of injury in Port 1 or Port 2,  | Item 18.)  |
| W             | While Not while of work   | PLACE OF INJURY ( AT HOME, FARM, STREET, FACTION OFFICE BUILDING, ETC.  |   |  | County State   |
|               | 22a. I certify that (I) (this saw the deceased all causes stated abave 22b. SIGNATURE | s haspital) attended the decease<br>ive an 19<br>(1) (we) (did) (did et) view the b   | ATTENDING -   | 220  | that (I) (we) last and fram the                              |
|               | 22d. PHYSICIANS<br>NAME (Type)  | JOHN B. DAVIS, M. D   | DEGREE PHYS. 22e. ADDRESS   | NAY, FROSTBURG, M  | 3/3//69-<br>D. 21532   |
| L             | BURIAL, (REMATION, REMOVAL (Specify) APF  |   | EMETERY OR CREMATORY  ST CEMETERY  250. REC'D B                             | 23d. LOCATION (City or Town) MT. SAVAGE,   | (County) (State)   |
| 1             |   |   | 21532 APR   | 3 1969 CCC   |  |



|  | It<br>3-      | em 21 Film 410 MARYLAND STATE DEPARTMENT OF HEALTH 26-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |                    |          |
|--|---------------|--|--------------------|----------|
| FOR STATE  |               | 03196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 0319               | 1        |
| HEALTH DEPT.   |               |  |                    | 2b. HOUR |
| of of  | (             | ECEASED NAME First Middle Lost 20. DATE KNOWN Month OF ESTI- CALLOWING Henrietta Lamb DEATH MATED NAME   | h 77 1960          | 2 2 N    |
| deloy is and 3 to M3. Page   | 3. S          | X 4. RACE S DATE OF RIRTH 6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS 2c DATE PRONOLINGED DEAD  | 11 18 . 0          | 2d. HOUR |
| Land Marie V   | Fe            | male White Sept. 23, 1913 55 YRS.  | L869 19            | Lio M    |
|  | 70.           | BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH  |                    |          |
| de sa  | cour          | Maryland U.S.A. WIDOWED DIVORCED Allegany  | 124/2              | Mo       |
| Page rith frith from State   | 10. 0         | ITY OR TOWN OF-DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital like even if retired )  12. USUAL OCCUPATION (Kind of work done during most of working life even if retired )  | 12b. KIND OF BUSII | NESS OR  |
| s after death of 18. Give Pages 1, 3 along with farm with the State Death.   |               | mberland 210 Frederick St. Unknown   | INDUSTRY           | 10.92    |
| s after<br>18. Giv<br>alang<br>2 with<br>death.  | 130.          | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13b. COUNTY   13b. COUNTY   13b. COUNTY   13b. COUNTY   13b. COUNTY   13c. STREET AND NUMBER   13c. ST |                    |          |
| ncil in 24 hours after de ncil in the 18. Give Finiter's Office alang winner's Office alang with the hours after death.  |               | ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle   |                    |          |
| 24 hours in them lar soffice les Land 2 urs after  | 14. [         | H = M = 1   1   1   1   1   1   1   1   1   1  | lost               |          |
| hin 24 notil in pages I hours  | 160.          | Asa Beeghly Anna K WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT ADDRESS  | lamp               |          |
| nould be executed within 24 hours ward "pending" in pencil in them the Chief Medical Examiner's Office rial-transit permit. File pages Land 2 n any event within 72 hours after or | (Y            | es, no, or unknown) (If yes give war or dates of service) 313-1/4-2701 Aubra Beeghly LaVale, Nd.   |                    |          |
| d wit<br>in pe<br>Exan<br>File<br>in 72  |               | 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  | APPROXIMATE I      |          |
| hould be executed ward "pending" in the Chief Medical E. urial-transit permit. Fin any event within  |               | PART I. DEATH WAS CAUSED BY:  Asphyxiation   | Several            |          |
| be execute pending" lef Medical nist permit  |               | S / 2 X DUE TO, OR AS A CONSEQUENCE OF   |                    |          |
| pe "pe hief ansil  |               | Conditions, if ony, which gove (b) Carbon Monoxide Poisoning   | 11                 | 11       |
| ony  |               | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF  |                    |          |
| should be executed ne ward "pending" in a the Chief Medical burial-transit permit.   |               | (c)  |                    |          |
| d t d t  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)   |                    |          |
| his certifica<br>ate, writing<br>e farwarde<br>be used as<br>remaval, o  | NO.           | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION  | 20. AUTOPSY        | 2        |
| e, w<br>farw<br>farw   | CERTIFICATION | WAS PERFORMED?   |                    | NO 🗆     |
| ER: This certificate, auld be for es. shauld be to ian, or rerian.   | CERTI         | 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite   |                    |          |
| INER: Te certificate should be files. 3 should be files.   | MEDICAL       | PRIMARY OR CONTRIBUTING 3:00 P.M. March 19 69 Carbon Monoxide from unvented  |                    |          |
|  | MED           | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town  | County             | Stote    |
| EXAMINER: cute the certificage 4 should ryour files. Page 3 should I, cremation,   |               | WHILE NOT WHILE AT WORK AT WOR | Alleg.             | Md.      |
| m = 5 - 1  |               | 22a. I certify that I taak charge of the remains described above, held an Autopsy 💢, Inspection 💢, Inquiry 💢   | , and in my        | apinion  |
| bical<br>se exec<br>ectar. Pe<br>ined far<br>RECTOR:<br>a burial   |               | death resulted fram: Natural causes 🔲 , Accident 💢 , Suicide 🔲 , Homicide 🔲 , Undetermined manner (  |                    |          |
| please directs retaine DIREC   |               | ACTUAL CHIEF MEDICAL EXAMINER COL DAYE   |                    |          |
| TY ple<br>eral di<br>RAL D   |               | SIGNATURE LEMEATOR STRUCK CM.D. ASSISTANT MEDICAL EXAMINER L. 226. DATE ST   |                    |          |
| Ssar<br>fune<br>fune<br>ay b<br>iNER   |               | EXAMINER'S  NAME (Type) Benedict Skitarelic  DEPUTY MEDICAL EXAMINER X March 1  ADDRESS(Street, city, town, or cough) mberland.  |                    | 2        |
| necessary, please ey the funeral directar. 5 may be retained to FUNERAL DIRECTOR Health priar to bur   | 230           |  |                    | ote)     |
| F  |               | REMOVAL (Specify)  3/15/69  Lutheran Cemetery  Accident, Garrett   | ,                  | -        |
| ^ -  |               | FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S_S  | SIGNATURE          | 10.10    |
| VR A15ME (5)   | Ph            | pilin B. Wendt 121 Memorial Ave. Cumb. Md. DATE 17 1969   Milliand   | S Judge            |          |

THE REPORT OF THE PROPERTY OF BRIER ARCON FOR THE SECOND THE PARTY OF TAXONER PARTY OF THE PARTY.

|     | 03197   | 155                                  | DIVISION OF                                   | VITAL RECORDS,                                      |  | STON STREE           | ET, BALTIMOF                                 |                            | 'LAND 21201                               |                             |  |
|-----|---|--------------------------------------|---|---|--|----------------------|--|----------------------------|---|-----------------------------|--|
|     | 0020  | UP.                                  |   |   | CERTIFICA  | TE OF D              | EATH   |                            |   | 031                         | .92  |
|     | I. DECEASED-NAME<br>(Type or print)   | First LUC                            | ILLE  | Middle T.   | LA   | Lost<br>MMERT        |  | DATE OF DI                 | EATH<br>Month 11 Do                       | 1969 Yeor                   | 2b. HOUR   |
|     | S. SEX<br>FEMALE  |                                      | 4. RACE WHI                                   |   | S.   | DATE OF BIRTH        |  |                            | i. AGE (In years<br>last birthday)        | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS HOURS MIN  |
|     | O. BIRTHPLACE (Stote or   |                                      | b. CITIZEN OF WH                              |   | 8. MARRIED   | JULY 3,              |  | UNTY OF D                  | 76 YRS.                                   |                             | 2b. HOUR 7 MM R IF UNDER 24 HRS YS HOURS MIN  Md. OF BUSINESS OR HOME  Lost  EY  Store  At (I) (we) last or and from the   |
|     | MARYLAN   |                                      | U.S.A.  |   | WIDOWED  | DIVORCED             |  | A                          | LLEGANY                                   |                             | Md.  |
|     | O. CITY OR TOWN OF DEA  |                                      | 11. NA<br>give s                              | ME OF HOSPITAL OR IN<br>treet oddress)              | STITUTION (If not in the second secon |                      | 120. USUAL OCC                               | UPATION (K                 | (ind of work done<br>e, even if retired.) | 12b. KIND OF<br>INDUSTRY    | BUSINESS OR  |
| 100 | 30. USUAL RESIDENCE (Windmission) STATE   | LAND                                 | lived, if instituti                           | on: Residence before                                | FROSTBU  |                      | INSIDE CITY LIMITS?                          |                            | ET AND NUMBER W. MAIN                     |                             |  |
| Ī   |   | irst<br>T (12)2222                   | Middle  | Lost  |  | OTHER'S MAIDE        |  |                            | Middle                                    |                             |  |
| 1   | 160. WAS DECEASED EVER  | LTER<br>IN U.S. ARME                 | A .  D FORCES?                                | TRIMBLE 16b. SOCIAL SECURITY                        |  |                      | MOLLIE                                       |                            | Addiess                                   | FINDLE                      | h  |
| -   | Yes, no, or unknown)  | (If yes give war                     | or dates of service)                          |   | G.   |                      | LAMMERT                                      | , FRO                      | STBURG,                                   | MD. 2153                    | 32   |
|     | 18. CAUSE OF DEAT PART I. DEATH Conditions, if only, we rise to immediate a stating the underly last. | hich gove)                           | DUE TO, OR A:                                 | e far (a), (b), and (c)  S A CONSEQUENCE OF         |  | a s                  | Tomo   | ch                         | è metro                                   | BETWEEN O                   | NSET_AND OFATH   |
|     |   |                                      |   | ING TO DEATH BUT N                                  |  | TE TERMINAL DI       | 06/15  |                            |   | CONSIDERED IN C             |  |
|     | RTIFICA   |                                      |   |   |  | YES 🗌                | NO   | CAUSES OF                  | F DEATH?                                  |                             | KITHYING   |
|     | OR CONTRIBUTING [   | CAUSE OF OEATH                       | HOUR A.M.<br>P.M.                             | Month Day Year                                      | 9  |                      |  | e of injury i              | in Port 1 or Port 2,                      | Item 18.)                   | Md. OF BUSINESS OR HOME  Lost  EY  S32  ROXIMATE INTERVAL ROXIMATE AND OFATH  CONTRIBUTION  N CERTIFYING   |
|     | While Not while at work   |                                      |   | AT HOME, FARM, STREET, FAI<br>OFFICE BUILDING, ETC. |  |                      |  | City or                    |   | County                      |  |
|     | couses stot   | ot (I) (this<br>ceased alived above, | hospitol) atte<br>ve on 3<br>(I) (we) (did) ( | nded the decease<br>land did not) view the          | ed from<br>9 <i>69</i> , and the<br>body after dec   | nat in (my) (<br>th. | , 19 <u>.69</u> ,<br><del>(Ur)</del> apinian | ta <u>Jaa</u><br>death occ | urred an the do                           | 69, that<br>ate and hour    | (I) (we) last<br>and from the  |
|     | 22b. SIGNATURE  | lun                                  | B.  | Davi  | DEGREE   | ATTENDING PHYS.      | MED.<br>DIRECTO                              | R D S                      |   | DATE SIGNED                 | 69-  |
|     | 22d. PHYSICIAN'S<br>NAME (Type)   |                                      |   | IS, M. D.   |  |                      | ADWAY,                                       |                            | BURG, MD                                  | . 21532                     | 2b. HOUR 7 MM MR IF UNDER 24 HRS (S HOURS MIN)  Md. OF BUSINESS OR HOME  Lost  EX  CERTIFYING  Store  at (I) (we) last in and from the   |
| L   | 30. BURIAL, CREMATION, REMOVAL (Specify) BURTAL  44. FUNERAL DIRECTOR                                 | 23b. DA                              |   | 23c. NAME OF ZION I ADDRESS                         | CEMETERY OR CRI  |                      |  | FROS                       | (City or Town) TBURG, MI 2Sb. REGISTRAR'S |                             | I YEAR IF UNDER 24 HRS DAYS HOURS MIN  Md.  KIND OF BUSINESS OR STRYHOME  CT  Lost  DLEY  21532  APPROXIMATE INTERVAL ETWEN ONSELAND OF AITH  D IN CERTIFYING  Stote  that (I) (we) last hour and from the  NED  (Stote)  RE |
| ľ   | JOSEPH R.   | DURST                                |   |   |  |                      | AR 18  | 1969                       |   | SIGNATURE OF STREET         |  |

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| 1/18/15           |        |         |         |        |           |
| NAVAS<br>SEETE 15 |        |         |         |        |           |

| 10  | 1             | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |   |
|---|---------------|--|---|
| FOR STATE   |               | 03198 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 03103   |
| HEALTH DEPT.  | 1, [          | DECEASEO-NAME First Middle Lost 20. OATE KNOWN A Month   | Doy Yeor 2b. HOUR                               |
| ay is 3 to Page http://disput/  |               | GEORGE VINCENT LAVIN DEATH MATED MARCH   | 1,1969 4 a M                                    |
| delay<br>and 3<br>M3 Pag  | 3. 9          | lost birthday) MONTHS DAYS HOURS MIN.  | 2d. HOUR  |
| 7 5 15. I   |               | ALE WHITE JAN. 29, 1967 62 YRS. MARCH 1. 1969  | Yeor 19 La M                                    |
| -   | COU           | ntry)  |   |
| ages<br>ages<br>th fo   | 1D.           | CITY OR TOWN OF OCAIR  | Md.<br>12b. KINO OF BUSINESS OR                 |
| bir 24-haurs ofter death ned in Item 18. Give Pages 1 ainers Office along with form pages 1 and 2 with the State bhaurs after death.  | CU            | MBERLAND PENORTAL HOSPITAL DOA during most of working life even if retired.)  CURING ROOM  | NDUSTRY<br>KELLY TIRE                           |
| after<br>Given<br>Silang<br>Sath.   | 130.          | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER FR.  | OSTBURG, MD.                                    |
| haurs after 18. Gigen 18. Gigen 19. |               | MALIDAD ADDIGATION PORT A TOTAL PLEA   | SANT ST.,                                       |
| 雪雪 雪雪   | 14. 1         | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIOEN NAME First Middle  MICHAEL LAVIN ROSEANN   | Lost  |
| ncil in I   | 160.          | WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT CORD THORSES THE OLD THORSES   | FOLK  |
| =   | ()            | (If yes give war or dates at service) 216-07-9081 MRS. G. VINCENT LAVIN. 104   | MT PLEASANT                                     |
| ed v<br>in lex<br>in 7  |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| ecut<br>ling"<br>edicc<br>ermi<br>with  |               | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  CORONARY THROMBOSIS, LEFT   | SUDDEN  |
| be executed<br>"pending" in<br>nief Medical E<br>nnsit permit. F<br>event within  |               | DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSTS  |   |
| Id b<br>rd "<br>Chie<br>tran  |               | rise to immediate couse (a), (U)   |   |
| shauld le word<br>to the Ch<br>ourial-tra   |               | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF  |   |
| MINER: This certificate shauld be executed within the certificate, writing the word "pending" in principle shauld be farwarded to the Chief Medical Examine Itiles.  8 Should be used as a burial-transit permit. File pagemation, ar removal, and in any event within 72 ha  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)   |   |
| tifica<br>arde<br>arde<br>d as  | NO            |  |   |
| farw<br>farw<br>use   | CERTIFICATION | 196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   | 2D. AUTOPSY?                                    |
|   | CERTI         | 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Oay, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Iter  | YES NO NO                                       |
| ER:<br>ertif<br>ertif<br>ss.<br>hould<br>on,  | MEDICAL       | PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M. 19   | 10.7  |
| MIN<br>the<br>4 sh<br>4 sh<br>r file<br>s 3 sl<br>mati  | ME            | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town  | County Stole                                    |
| DEPUTY DICAL EXAMINER: cessory, please execute the certifice funeral director. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 should eath prior to burial, cremation,   | 97            | AT WORK AT WORK  |   |
| AL E<br>execu<br>r. Pag<br>l far<br>for: F<br>urial,  | -4            | 22a. I certify that I took charge of the remains described above, held an Autapsy 🔼 Inspection 🔝 Inquiry 💽   | ond in my opinion                               |
| please e<br>I director<br>retained<br>L DIRECT  |               | death resulted fram: Naturol couses 🔼, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🕻  |   |
| Try Diagram y, please rad direct on retaine RAL DIREC   |               | ACTUAL SENIOLICA KITATELICA M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI   | CNED  |
| EPUTY DICA<br>issary, please ex-<br>funeral director.<br>ay be retained<br>iNERAL DIRECTO   | -31           | MILL STORY MEDICAL TO MADE 1   |   |
| TO DEPUT necessary the funer 5 may be TO FUNER Health p   |               | BENEUICE SKITARRIJE, M. II   | IARYLAND  |
| 0 = 5 O =   | 230           | RIMOVAL (Specify)  | County) (Stote)                                 |
|   | 244           | BURIAL B/3/69 ST. MICHAELS CEMETERY FROSTBURG, ALI.  | EGANY MD.                                       |
| VR A15ME (5)  | MA            | NTLOU M. SOWERS HAFER-SOWERS FUNERAL 250. RECISIRAR SIN  |   |
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| 1, 1969 t in the   |               |           | 1967 62      | OG. HAG | STEEM    | SILE      |
| MARGERIA   |               |           |              | A.E.W   |          | HOPE      |
| TO WITH WHOM SERVER ON THE SERVER OF THE SER | - 1           | 100b)     | 7142013070   |         | Olia.    | attender  |
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| STREET, AND DELIGH.  |               | .RE4      | 1502410      |         |          | on        |
| and you  | ereotioner    | YF.410.00 | 3            |         |          |           |
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| COMPORTS 1969  |               |           | .u.m., beddi | MINE 20 | Marsi    | PACE I    |
| TY ANADADUA . DO WATEL   |               | O RITE    | MILLE TO     | 93\5    |          | 17 ST     |
| Revision of the second   | Add out       | HELE      |              | DOM:    |          | CALL PLAN |

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necessary, please execute the certificate, writing the ward "pending" in pencilia, Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY

5 may be retained far your files. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's affice along with farm

Health priar to burial, cremation, ar removal, and in any event within 72

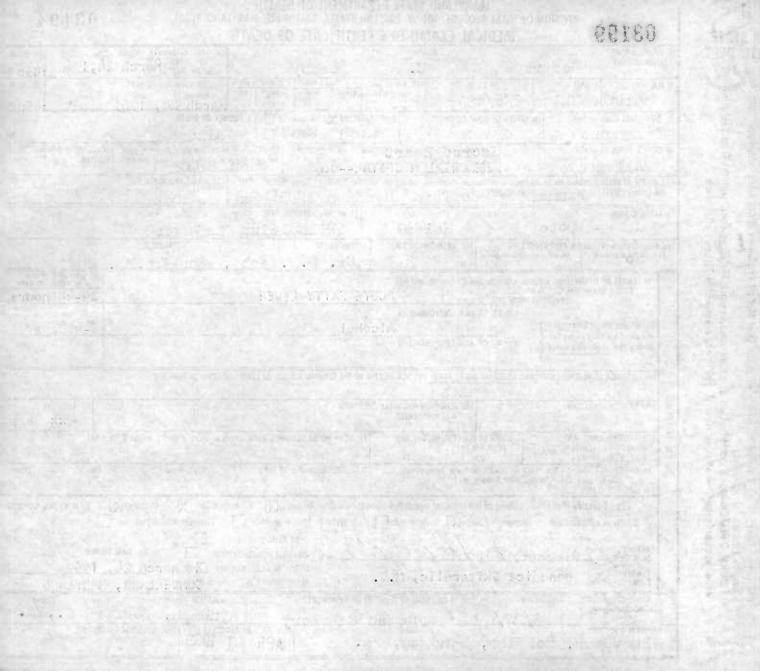
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPDS 301 W PRESTON STREET RALTIMORE MARYLAND 21201

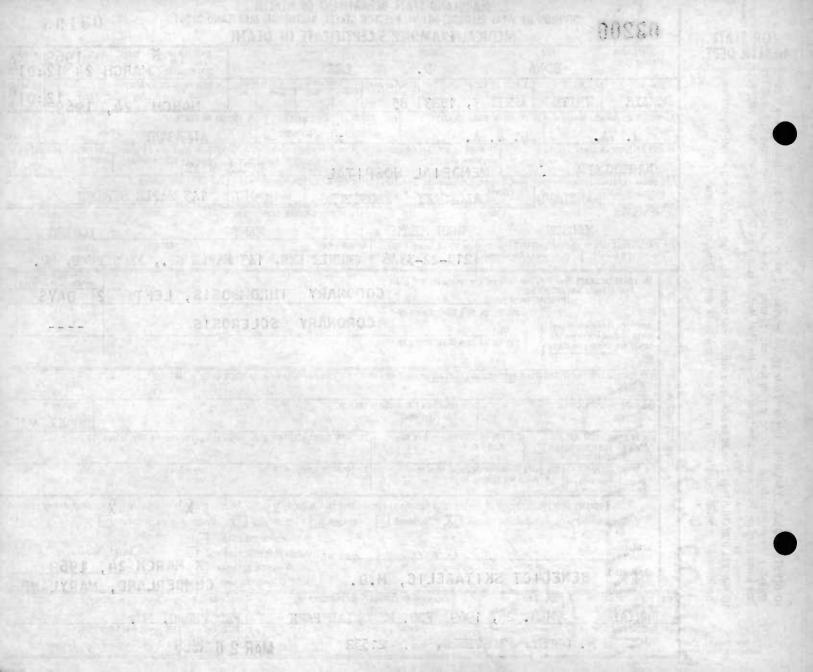
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| 03199   | MED  | ICAL EXAMINER'S                                 | CERTIFICATE                                 | OF DEAT                       | H  | 00134  |
|---|--|---|---|-------------------------------|--|--|
| 1. DECEASED-NAME<br>(Type or Print)           | First  | Middle  | Lost  |                               | 20. DATE KNOWN Month   |  |
|   | Gertrude   | W.  | Lebby                                       |                               | DEATH MATED TELL   | 24,19603 45p M   |
|   | RACE 5. DATE OF White 2/6/   | BIRTH 6. AGE (In lost birthd 53                 | years IF UNDER 1 YEAR day) MONTHS DAYS YRS. | HOURS MI                      | 2c. DATE PRONOUNCED DEAD   | 2d. HOUR   |
| 70. BIRTHPLACE (Stote o                       | r foreign 7b. CITIZEN OF   | WHAT COUNTRY? 8.                                | MARRIED NEVER MA                            | RRIED 9. C                    | OUNTY OF DEATH   |  |
| country) Penn                                 | a USA  |   | WIDOWED DIVO                                | ORCED 🔲                       | Allegany   | Mo   |
| 10. CITY OR TOWN OF D                         | any 🕺  | ENGLE HOSPITAL HOSPI                            | ITALDOA                                     | during mos                    | OCCUPATION (Kind of work done t of working life, even if retired.) | 12b. KIND OF BUSINESS OR<br>INDUSTRY                           |
| 13o. USUAL RESIDENCE odmission) STATE         | (Where deceosed lived, if in Penna 13b. COUNT                              | Bedford H                                       | yndman                                      | d. INSIDE CITY LIMITS? YES NO | TOOL STREET AND HOMBER   |  |
| 14. FATHER'S NAME                             |  | ldle Lost                                       | 1S. MOTHER'S MAI                            | DEN NAME Fir                  | st Middle  | Lost   |
|   | Otto   | Keidel  | Wilh  | elmina                        | Reninger   |  |
|   | IN U.S. ARMED FORCES?  | 16b. SOCIAL SECURITY NO.                        | 17. INFORMANT                               | - 3000                        | ADDRESS  |  |
| (Yes, motosunknown)                           | (If yes give war or dotes of servi   | e)  | Dr. D.                                      | V. Lebb                       | y. Hyndman.P   | . RD#1   |
| 18. CAUSE OF DI<br>PART I. DEA                | EATH (Enter only one couse por<br>TH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o) | AC  | CUTE FATTY                                  |                               |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND GEATH<br>24-48 hours |
| Conditions, if ony                            | , which gove )   | OR AS A CONSEQUENCE OF A 1                      | lcoho1                                      |                               |  | 3-4 days   |
| stoting the under                             |  | OR AS A CONSEQUENCE OF                          |   |                               |  |  |
|   | NIFICANT CONDITIONS CONTRI   | BUTING TO DEATH BUT NOT REL                     | ATED TO THE TERMINAL D                      | ISEASE OR CONDI               | TION GIVEN IN PART 1(0)  |  |
| 190. DATE OF OPE                              | RATION   | 19b. CONDITION FOR WHICH<br>WAS PERFORMED?      | H OPERATION                                 |                               |  | 20. AUTOPSY? YESXIN NO   |
| 210. EXTERNAL CAI PRIMARY OR C CAUSE OF DEATH |  | OF INJURY Month, Doy, Yeor<br>R.A.M.<br>P.M. 19 | 21c. HOW INJURY OC                          | CURRED (Enter n               | oture of injury in Port 1 or Port 2,                               |  |
| 21d. INJURY OCCUP  WHILE NOT N AT WORK AT W   |  | Y (At home, form, street, Iding, etc.)          | 21f. LOCATION Street                        | or R.F.D. No.                 | City or Town   | County State   |
| 22o. l ce                                     | rtify that I took charge o   | f the remoins described o                       | bove, held on Auto                          | psyXX,                        | Inspection X, Inquiry D  | ond in my opinion  |
| deoth resu                                    | Ited from: Notural c   | ouses X, Accident                               | , Suicide ,                                 | Homicide [                    | Undetermined monner  |  |
| ACTUAL /                                      | 3, 1+  | Pi-   | 7 }   | EF MEDICAL EXAM               |  | E SIGNED   |
| SIGNATURE                                     | Lenedick   | TRUAREL   | -(n, D,                                     | ISTANT MEDICAL I              | Wanting F7   |  |
| EXAMINER'S<br>NAME (Type)                     | Benedict S   | kitarelic, M.D                                  |   | ORESS(Street, city,           | MINER March 24 town, or CUMBERLAND,                                |  |
| 23o. BURIAL, CREMATIC                         | N. 23b. DATE   | 234 NAME OF CEM                                 | ETERY OR CREMATORY                          |                               | 3d. LOCATION (City or Town)  | (County) (Stote)   |
| REMOVAL (Specify)                             | 3/27/4   |   | an Cemeter                                  |                               | Hyndman, Bedi  |  |
| 24. FUNERAL DIRECTOR                          | 1/   | ADDRESS   |   | 25o. REC'D BY                 |  | SIGNATURE  |
| Harvey  | H. "eigler   | , mynaman,                                      | 100   | DAAPR                         | 1 1000   | 17 0   |

VR A15ME (5) 10M REV, 1/68



| DIVISION OF UTILA RECORDS, 301 W. PRESTON STREET, BAILTHONER, MARYLAND 21201  03200  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATION OF THE MEDICAL EXAMINER OF THE  | 7   | MARYLAND STATE DEPARTMENT OF HEALTH   |
|--|---|---|
| HEALTH DEPT.  10 DESIGNATION   | EOD STATE   |   |
| TO BE THE CONTROL OF  |   | MEDICAL EXAMINER 5 CERTIFICATE OF DEATH   |
| 3 SEX  |   |   |
| TO COUNTRY IN TOWN OF DEATH    1. NAME OF INSCRIPTION OF DEATH   1. NAME OF INSCRIPTION OF DIVONED   120. USUAL DICLEPATION (and one property of the property  | ay<br>3 t<br>Pog<br>ent c   | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years   1F UNDER 1 YEAR   1F UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD 2d HOLER                             |
| TO COUNTRY IN TOWN OF DEATH    1. NAME OF INSCRIPTION OF DEATH   1. NAME OF INSCRIPTION OF DIVONED   120. USUAL DICLEPATION (and one property of the property  | del<br>and<br>M3.   | lost birthdoy) MONTHS DAYS HOURS MIN. Month Doy Yeor 12.01  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (c)   PART I. DEATH (Enter only one cause per line for (c), (d)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEA   | Z, Z, Pl  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (c)   PART I. DEATH (Enter only one cause per line for (c), (d)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEA   | o o   | COUNTRY) W. VA. U. S. A. WIDOWED DIVORCED ALLEGANY Md.  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (c)   PART I. DEATH (Enter only one cause per line for (c), (d)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEA   | orth<br>Poge<br>Ith 1<br>Stat   | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR |
| 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (c)   PART I. DEATH (Enter only one cause per line for (c), (d)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEA   | the the   | CUMBERLAND Give street coddess)  MEMORIAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (c)   PART I. DEATH (Enter only one cause per line for (c), (d)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEA   | offie dith  | 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (c)   PART I. DEATH (Enter only one cause per line for (c), (d)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEA   | ors of the de   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c))   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (b), and (c)   PART I. DEATH (Enter only one cause per line for (c), (c)   PART I. DEATH (Enter only one cause per line for (c), (d)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEATH (Enter only one cause per line for (c), (e)   PART I. DEA   | after after a   |   |
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| PRIMARY OR CONTRIBUTING HOUR A.M.  19  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22b. Date signed DEPUTY MEDICAL EXAMINER    EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  23c. NAME of CEMETERY OR CEMENTARY    23d. LOCATION (City or Town) (County) (Stote)    24f. FUNERAL DIRECTOR    ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)    24f. FUNERAL DIRECTOR    ADDRESS    25o. REC'D BY REGISTRAR    25o. REGISTRAR'S SIGNATURE   |   |   |
| PRIMARY OR CONTRIBUTING HOUR A.M.  19  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22b. Date signed DEPUTY MEDICAL EXAMINER    EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  23c. NAME of CEMETERY OR CEMENTARY    23d. LOCATION (City or Town) (County) (Stote)    24f. FUNERAL DIRECTOR    ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)    24f. FUNERAL DIRECTOR    ADDRESS    25o. REC'D BY REGISTRAR    25o. REGISTRAR'S SIGNATURE   | J win por Exa   | I DANAPUT UTAN  |
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| PRIMARY OR CONTRIBUTING HOUR A.M.  19  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22b. Date signed DEPUTY MEDICAL EXAMINER    EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  23c. NAME of CEMETERY OR CEMENTARY    23d. LOCATION (City or Town) (County) (Stote)    24f. FUNERAL DIRECTOR    ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)    24f. FUNERAL DIRECTOR    ADDRESS    25o. REC'D BY REGISTRAR    25o. REGISTRAR'S SIGNATURE   | exec<br>ndin<br>Med<br>per<br>nt w  | 14/0 9 DIF TO OR AS A CONSEQUENCE OF  |
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| PRIMARY OR CONTRIBUTING HOUR A.M.  19  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22b. Date signed DEPUTY MEDICAL EXAMINER    EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  23c. NAME of CEMETERY OR CEMENTARY    23d. LOCATION (City or Town) (County) (Stote)    24f. FUNERAL DIRECTOR    ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)    24f. FUNERAL DIRECTOR    ADDRESS    25o. REC'D BY REGISTRAR    25o. REGISTRAR'S SIGNATURE   | ord<br>ord<br>ord<br>al-tra   | stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF   |
| PRIMARY OR CONTRIBUTING HOUR A.M.  19  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22b. Date signed DEPUTY MEDICAL EXAMINER    EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  23c. NAME of CEMETERY OR CEMENTARY    23d. LOCATION (City or Town) (County) (Stote)    24f. FUNERAL DIRECTOR    ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)    24f. FUNERAL DIRECTOR    ADDRESS    25o. REC'D BY REGISTRAR    25o. REGISTRAR'S SIGNATURE   | sho<br>a th<br>in   | (t)   |
| PRIMARY OR CONTRIBUTING HOUR A.M.  19  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22b. Date signed DEPUTY MEDICAL EXAMINER    EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  23c. NAME of CEMETERY OR CEMENTARY    23d. LOCATION (City or Town) (County) (Stote)    24f. FUNERAL DIRECTOR    ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)    24f. FUNERAL DIRECTOR    ADDRESS    25o. REC'D BY REGISTRAR    25o. REGISTRAR'S SIGNATURE   | ate g the ed t  | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)                  |
| PRIMARY OR CONTRIBUTING HOUR A.M.  19  216. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  220. I certify that I took charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    220. Date signed    ACTUAL SIGNATURE    EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  230. Burlat, (REMATION, REMOVED)    230. Burlat, (REMATION, REMOVED)    230. Burlat, (REMATION, REMOVED)    24. FUNERAL DIRECTOR    ADDRESS STREET OR STREET    250. RECISTRAR'S SIGNATURE    250. REGISTRAR'S SIGNATURE    250. REGISTRAR'S SIGNATURE  | rriffic<br>rittin<br>vard<br>val,   | NO DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY2  |
| PRIMARY OR CONTRIBUTING HOUR A.M.  19  21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22o. I certify that I toak charge of the remoins described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner    22b. Date signed DEPUTY MEDICAL EXAMINER    EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D.  23c. NAME of CEMETERY OR CEMENTARY    23d. LOCATION (City or Town) (County) (Stote)    24f. FUNERAL DIRECTOR    ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)    24f. FUNERAL DIRECTOR    ADDRESS    25o. REC'D BY REGISTRAR    25o. REGISTRAR'S SIGNATURE   | e, w farv farv emo  | WAS PERFORMED?  |
| 220. I certify that I took charge of the remains described above, held an Autapsy N. Inspection N. Inquiry N. and in my opinion death resulted fram: Natural causes N. Accident N. Suicide N. Homicide N. Undetermined manner Natural causes N. Accident N. Suicide N. Homicide N. Undetermined manner NATUAL SIGNATURE NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)  230. BURIAL, CREMATION, P. ST. B | Thi<br>ficat<br>be<br>d be<br>ar r  | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)        |
| 220. I certify that I took charge of the remains described above, held an Autapsy N. Inspection N. Inquiry N. and in my opinion death resulted fram: Natural causes N. Accident N. Suicide N. Homicide N. Undetermined manner Natural causes N. Accident N. Suicide N. Homicide N. Undetermined manner NATUAL SIGNATURE NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS (Street, city, town, CUMBERLAND, MARYLAND)  230. BURIAL, CREMATION, P. ST. B | ER:<br>ertil<br>suld<br>ss.<br>haul   | FRIMARY OR CONTRIBUTING HOUR A.M.    CAUSE OF DEATH P.M. 19   |
| 220. I certify that I took charge of the remoins described obove, held an Autapsy , Inspection , Inquiry , ond in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner   ACTUAL SIGNATURE SI |   |   |
| CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE SIGNA | XAN<br>the table of a special of a | AT WORK AT WORK   |
| CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE SIGNA | VL E<br>Xect<br>Far<br>far<br>OR: I   |   |
| ACTUAL SIGNATURE PROJUCT SKITARELIC, M.D. ASSISTANT MEDICAL EXAMINER MARCH 24, 1969  EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, CYMBERLAND, MARYLAND  226. DATE SIGNED  DEPUTY MEDICAL EXAMINER MARCH 24, 1969  ADDRESS(Street, city, town, CYMBERLAND, MARYLAND  230. BURIAL, CREMATION, RIMOVAL (Specify)  BURIAL  24. FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR  250. REGISTRAR'S SIGNATURE  | Se e ctar ctar ned ECT bu   | death resulted fram: Natural causes 🔭, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲   |
| 230. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  236. DATE  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION (City or Town) (County) (Stote)  BURIAL  237. NAME OF CEMETERY OR CREMATORY  238. DATE  238. DATE  238. DATE  239. NAME OF CEMETERY OR CREMATORY  230. RECOUNTY  230. LOCATION (City or Town) (County) (Stote)  230. REGISTRAR SIGNATURE   | directaire et aire  | ACTUAL . A  |
| 230. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  236. DATE  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION (City or Town) (County) (Stote)  BURIAL  237. NAME OF CEMETERY OR CREMATORY  238. DATE  238. DATE  238. DATE  239. NAME OF CEMETERY OR CREMATORY  230. RECOUNTY  230. LOCATION (City or Town) (County) (Stote)  230. REGISTRAR SIGNATURE   | RAL RAL   | SIGNATURE AND ASSISTANT MEDICAL EXAMINER (220. DATE SIGNED)   |
| 230. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  236. DATE  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION (City or Town) (County) (Stote)  BURIAL  237. NAME OF CEMETERY OR CREMATORY  238. DATE  238. DATE  238. DATE  239. NAME OF CEMETERY OR CREMATORY  230. RECOUNTY  230. LOCATION (City or Town) (County) (Stote)  230. REGISTRAR SIGNATURE   | EPU<br>essa<br>fun<br>fun<br>ay<br>JNE  |   |
| BURIAL MAR. 26, 1969 FBG. MEMORIAL PARK FROSTBURG. MD. 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   | O D D The C     | 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)                                  |
| 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2S6. REGISTRAR'S SIGNATURE  |   | RFMOVA1 (Specify)   |
| JOSEPH R. DURST, FROSTBURG, MD. 21532 DATE MAR 2 6 1968 Chearles Joseph  | N -   | 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   |
|  | VR A15ME (5)<br>10M REV. 1/68   | JUSEPH R. DURST, FROSTBURG, MD. 21532 DATE MAR 2 6 1968 Charles Justific  |



| 1             | 03201  | DIVISION OF  | VITAL RECORDS, 3   | 01 W. PRE                             |   | LTIMORE, MA               | RYLAND 21201                       | 024                                    | 0.0                            |
|---------------|--|--|--|---------------------------------------|---|---------------------------|------------------------------------|--|--------------------------------|
| L             |  |  |  | RTIFICA                               | TE OF DEATH                             |                           |                                    | 031                                    | 96                             |
|               | DECEASED-NAME Fir<br>(Type or print)                                 | ANN  | Middle D.  | LIVI                                  | last<br>NGSTON                          | 2a. DATE 0                | F DEATH<br>Manth                   | Day69 Year                             | 26. HOURP                      |
| 3.            | SEX  | 4. RACE  |  |                                       | DATE OF BIRTH                           |                           | 6. AGE (In years                   | IF UNDER 1 YEAR MONTHS   DAYS          | IF UNDER 24 HRS.               |
| 7 -           | FEMALE   | 71 6777511 05 110                                    | WHITE  |                                       | 12/7/7                                  |                           | last birthday)                     | RS.                                    |                                |
| (0            | BIRTHPLACE (State or foreign untry) NORTH CAROL                      | 76. CITIZEN OF WE                                    | The state of the s | MARRIED WIDOWED                       | NEVER MARRIED DIVORCED                  | 9. COUNTY O               | F DEATH                            | ALLEGAN                                | Y Md.                          |
|               | CUMBERLAND   | SA   |  | TUTION (If nat i                      |   | mast Houst                | (Kind of wark dar                  | 12b. KIND OF E<br>INDUSTRY             |                                |
| 13d           | o. USUAL RESIDENCE (Where dece<br>mission) STATE MARYLA              |  | On: Residence before   | 3c. CITY OR TO                        |   |                           | TREET AND NUMBER  9 GREENE         | STREET                                 |                                |
| 4             | FATHER'S NAME First  | Middle<br>ELISHA                                     | Last<br>BROOKSHIRE   | IS. A                                 | MOTHER'S MAIDEN NAME                    |                           | Middle KIRK                        |  | Last                           |
|               | o. WAS DECEASED EVER IN U.S. A<br>Yes, no, or unknown) (If yes giv   | RMED FORCES?<br>e war or dates of service)           | 16b. SOCIAL SECURITY NO 212 54 784   |                                       | SPITAL REC                              | ORDS                      | Address                            | 900 SETO<br>CUMBERLA                   |                                |
|               | 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIA)          | only ane couse per lin<br>SED BY:<br>DIATE CAUSE (a) | ne for (o), (b), and (c).) REBRO-VASCU   | LAR ACC                               | CIDENT                                  |                           |                                    | APPROXIM<br>BETWEEN ON<br>2 DA         | ATE INTERVAL<br>ISET AND DEATH |
|               | Canditians, if any, which gave<br>rise to immediate couse (a)        | DUE TO, OR A   | S A CONSEQUENCE OF ERIOSCLEROS   | SIS                                   |   |                           |                                    | UNKNO                                  | OWN                            |
|               | stating the underlying cause   |  | S A CONSEQUENCE OF   |                                       |   |                           |                                    |  |                                |
| 2             | PART 2. OTHER SIGNIFICANT C  | ONDITIONS CONTRIBU                                   | TING TO DEATH BUT NOT  | RELATED TO T                          | HE TERMINAL DISEASE O                   | RCONDITION GIV            | EN IN PART I(a)                    |  |                                |
| CERTIFICATION | 19a. DATE OF OPERATION 19  | b. CONDITION FOR WH                                  | CH OPERATION WAS PERFO   | ORMED                                 | 20a. AUTOPSY?  YES NO                   | 0.000                     | F YES, WERE FINDING<br>S OF DEATH? | S CONSIDERED IN CE                     | RTIFYING                       |
| MEDICAL CE    | OR CONTRIBUTING CAUSE OF DE  | EATH HOUR A.M.                                       | INJURY<br>Manth Day Year<br>19   | 21c. HOW                              | INJURY OCCURRED (En                     | nter noture of inju       | ury in Part 1 or Port              | 2, Item 18.)                           | 4-8                            |
| ME            | While Nat while at work  | e. PLACE OF INJURY                                   | AT HOME, FARM, STREET, FACTOR<br>OFFICE BUILDING, ETC.   |                                       | TION Street ar R.F.D.                   |                           | or Town                            | County                                 | Stote                          |
| 2             | 22a. I certify that (I) (t<br>saw the deceased<br>causes stated abar | his haspital) atte<br>alive an3<br>ve, (I) (we)(did) | nded the deceased  - 4 196 (did nat) view the ba   | fram_3<br>69_, and to<br>dy after dec | - 3 , 19<br>hat in (my) (aur) a<br>ath. | 69 , ta_3<br>pinian death | accurred an the                    | 19 <u>69</u> , that<br>date and haur o | (I) (we) last<br>and fram the  |
|               | 22b. SIGNATURE Res   | ph /3  | reci Mi  | DEGREE                                | ATTENDING PHYS.                         | MED. DIRECTOR             | STAFF 22                           | 2c. DATE SIGNED 3-4-69                 |                                |
| 00            | 22d. PHYSICIAN'S NAME (Type) DR. R                                   |  |  |                                       |   |                           | Γ -CUMBER                          |  | 21502                          |
|               | REMOVAL SPECIFAL   | MARCH 7,   |  |                                       | URIAL PARK                              | CUME                      |                                    | LLEGANY                                | MD.                            |
|               | FUNERAL DIRECTOR  SILCOX FUNERAL                                     | HOME 40  | ADDRESS .  | -CUMB.,                               | MD. 2Sa. REC'D                          | R 6 19                    | 25b. REGISTRA                      | R'S SIGNATURE                          | eve.                           |

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| ELLAND, 10. 21502 | IEMUD- FBERTS    | S CHEENE S | ð          | 1.11            | on. R. W. BA        |
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|                  | 03202  | DIVISION                                    | OF VITAL RECORDS                                      |                       | CATE OF              |                                 | HORE, MAR           | TLAND ZIZUI                                   | 0319                       | 7                             |
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| (Ty              | pe or print) B   | irst<br>ABY                                 | Middle G I R L  | LI                    | Lost<br>EWELLYN      | 1                               | 2a. DATE OF         |   | Y13 Yeo69                  | 2b. HOUR<br>2:35A             |
| 3. SEX           | EMALE  | 4. RACE                                     | TE  | 17                    | S. DATE OF BIF       |                                 |                     | 6. AGE (In years last birthday)               |                            | IF UNDER 24 HRS.              |
|                  | RTHPLACE (State or fareign<br>VRYLAND  | 7b. CITIZEN (                               | OF WHAT COUNTRY?                                      | 8. MARRIED<br>WIDOWED | NEVER MARI           |                                 | COUNTY OF           |   | 74                         | Md                            |
|                  | TY OR TOWN OF DEATH  JMBERLAND,  |   | 11. NAME OF HOSPITAL OR I                             | NSTITUTION (IF        | not in hospital      |                                 |                     | (Kind of work done<br>life, even if retired.) | 12b. KIND OF B             | USINESS OR                    |
| 13a, U<br>admiss | ISUAL RESIDENCE (Where desion) STATEMARYLA   | reased lived, if in                         | nstitution: Residence before                          |                       | ON ING               | 13d. INSIDE CITY LIMI<br>YES NO |                     | REET AND NUMBER                               | DASON MT.                  |                               |
|                  | THER'S NAME First  |   | dle Last  | LLYN                  | S. MOTHER'S MA       | IDEN NAME Firs                  |                     | Middle G .                                    | V                          | Lost                          |
| 16a. V<br>Yes    | WAS DECEASED EVER IN U.S. s. NO runknown) (11 yes                                  | ARMED FORCES?<br>give war ar dates of servi | 16b. SOCIAL SECURITY NONE                             | NO. 17.               | INFORMANT<br>OSPITAL | RECOR                           | 0, 900              | SETON DR                                      | , CUMBER                   | RLAND, MI                     |
| 1                | 18. CAUSE OF DEATH (Enter<br>PART I. DEATH WAS CA                                  | r anly one cause<br>USED BY:                | per line far (a) (b), and (a                          | 11)                   | o't e                | Za.                             | 1,60                |   | APPROXIMA<br>BETWEEN ONS   | ATE INTERVAL<br>SET AND DEATH |
|                  | 7769<br>Conditions, if any, which go   |   | OR AS A CONSEQUENCE OF                                |                       | ivity                | + 77                            | 40/00               | toris   | />                         | 1,,1                          |
| r                | rise to immediate couse (<br>stating the underlying cou<br>last.                   | o), ( (b)                                   | OR AS A CONSEQUENCE O                                 |                       | pile                 | u mo t                          | hnas                | 2   | 12                         |                               |
| 1 1-             | PART 2. OTHER SIGNIFICANT  | CONDITIONS CON                              | FRIBUTING TO DEATH BUT                                | NOT RELATED T         | O THE TERMINAL       | DISEASE OR CO                   | NDITION GIVEN       | IN PART 1(a)                                  |                            |                               |
| CERTIFICATION    | 9a. DATE OF OPERATION  | 9b. CONDITION FO                            | R WHICH OPERATION WAS P                               | ERFORMED              | 20a. AUTOF           | PSY?                            |                     | YES, WERE FINDINGS<br>OF DEATH?               | CONSIDERED IN CER          | RTIFYING                      |
| 3 0              | To. ACCIDENT WAS UNDER  ☐ OR CONTRIBUTING ☐ CAUSE OF  If either, notify medical ex | OEATH HOUR                                  | D 44  | 21c, H                | OW INJURY OCCU       | URRED (Enter n                  | nature of injur     | y in Part 1 or Part 2,                        | Item 18.)                  | 9110                          |
| 1                | 21d. INJURY OCCURRED While Not while twork of work                                 | 21e. PLACE OF INJ                           | URY ( AT HOME, FARM, STREET, F. OFEICE BUILDING, ETC. | ACTORY,) 21f. L       | OCATION Street       | or R.F.D. No.                   | City                | or Tawn                                       | County                     | State                         |
| 2                | 22a. I certify that (I)<br>saw the decease<br>causes stated ab                     | alive on                                    | attended the deceased                                 | 19 an                 | d that in (my        | , 19<br>/) (aur) apini          | , to<br>ian death o | ccurred on the d                              | , thot (<br>ate ond haur a | (I) (we) lost<br>nd from the  |
| 2                | 226. SIGNATURE Folice  | +p/m  | racu M.   | DEGI                  | ATTENDING            | G A MED                         | D. ECTOR            | STAFF PHYS.  22c.                             | DATE SIGNED                |                               |
| 2                | 22d. PHYSICIAN'S<br>NAME (Type) ROB  | RT D. B                                     |   |                       |                      | GREENE                          |                     | CUMBERLAND                                    | , MD. 2                    | 902                           |
| R                | Buriat   | 3/14/                                       | 23c. NAME OF Mt. \                                    | Tiew C                | emeter               | ту                              | Mos                 |   | (County)                   | (State)<br>Md                 |
|                  | UNERAL DIRECTOR Beorge Eic   | hh a wa                                     | ADDRES  |                       |                      | DATMAR                          |                     | 25b. REGISTRAR'S                              | SIGNATURE                  |                               |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03198 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOURP within 24 hours after death Manth 03 (Type ar print) GRACE M. LOY 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) FEMALE WHITE 04-05-86 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) PENNSYLVANIA U.S.A. DIVORCED [ ALLEGANY COUNTY. WIDOWED [ campletely filled 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12b. KIND OF BUSINESS OR Carbon INDUSTRY **CUMBERLAND** HOSPITAL OWN HOME event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 13b. COUNTY YES 🔽 remove NO 🗌 CUMBERLAND 622 FREDERICK STREET ond in ony 14. FATHER'S NAME oug First 1S. MOTHER'S MAIDEN NAME First Last Lost CHARLES SIBLEY DIEHL) MINNIE SIBLEY physicion o 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT MD. 21502 Address Yes, no or unknown) burial, cremation, ar remavol, 216 07 9644BSACRED HEART HOSPITAL, 900 SETON DR., CUMB. 18. CAUSE OF DEATH (Enter only one cause per line for (n) (b) and (c).)
PART I DEATH WAS CAUSED BY:

CEREBRAL
HEMMORHAGE BETWEEN ON NEATH IMMEDIATE CAUSE (o) DUE TO, OR ASTATEMENT ON, SEVERE I YR. signed by the burial-transit Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEGUE AL OF ARTERIOSCLEROSIS stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

GENERALIZED ARTERTOSCLEROSIS AND OSTEOARTHRITIS be retained by the haspital ar ottending TO FUNERAL DIRECTOR: After this certificate hos been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NONE CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 10 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. NONE Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work NONE 220. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on 19 , and that in (my) (eur) opinion death accurred on the date and hour and from the couses stoted obove, (H) (we) (did) (did not) view the body ofter deoth. STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS J.P. HALLINAN, M.D. 140 BEDFORD ST., CUMB., MD. 21502 director, shauld b 23a\_BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) BURIAL (Specify) 3/8/1969 HILLCREST BURIAL PARK CUMBERLAND . 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE KIGHT FUNERAL HOME, 309 DECATUR ST., CUMB., MD. MAR 13

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|               | 03204   | DIVISION OF VITAL RECO  | RDS, 301 W. PRESTON STREET, CERTIFICATE OF DEA | BALTIMORE, MARYLAND   | 21201 0319  | 9                                |
|---------------|---|---|--|---|---|----------------------------------|
|               | DECEASED-NAME Firs<br>(Type or print) GRAC  | E H.  | Last<br>MACBETH                                | 2a. DATE OF DEATH  Manth  | 10 Day 69 Year                                    | 2b. HOUR<br>9:03                 |
|               | FEMALE  | 4. RACE<br>WHITE  | S. DATE OF BIRTH  1 -5 -90                     | 6. AGE (In  | years IF UNDER 1 YEAR MONTHS DAYS                 | IF UNDER 24 HRS<br>HOURS MIN     |
| C             | a. BIRTHPLACE (State or fareign ountry) MD.   | 7b. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED NEVER MARRIED DIVORCED DIVORCED     |   |   | N                                |
| 2             | CUMBERLAND  | SACREGUESHE   | ART HOSPITAL                                   | a. USUAL OCCUPATION (Kind af wring mast af warking life even if | vark dane<br>f retired.) 12b. KIND OF<br>INDUSTRY | BUSINESS OR                      |
| 000           | imissian) STATE MD.   | ased lived, if institution: Residence b   | LA VALE YES                                    |   | IONAL HWY.  |                                  |
|               | JOHN E.   | MAC   | BETH (SOWERS)                                  | ADA   | Middle V.   | Last<br>MACBETH                  |
| 10            | NU /  | war or dates of service) 220 -07  | -6249 HOSPITAL R                               | ECORDS  | Address 900 SETOR CUMBERLAN                       | D. MD.                           |
|               | PART I. DEATH WAS CAUS  | INJY ane cause per line far (a), (b), at ED BY: HATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCY | evenalosi                                      | 21  | APPROXI   | MATE INTERVAL<br>INSET AND DEATH |
|               | Canditians, if any, which gave rise ta immediate cause (a), stating the <u>underlying cause</u> last. | (b) DUE TO, OR AS A CONSEQUENT  | CE OF  | and of me   | outh 3  | yaria                            |
| CEDTIEICATION | 19a. DATE OF OPERATION 19b  | . CONDITION FOR WHICH OPERATION W   | YES 🗍 1  | 20b. IF YES, WERE I<br>CAUSES OF DEATH?                         | FINDINGS CONSIDERED IN C                          | ERTIFYING                        |
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| 1             | While Nat while at wark   |   | EET, FACTORY.) 21f. LOCATION Street ar R.F.    |   | Caunty  | State                            |
|               | caoses stated apay  | nis haspital) attended the devalue an   | eosed fram                                     | r) opinion death occurred o                                     | n the dote and hour                               | (I) (we) last<br>and from th     |
|               | 22d. PHYSICIAN'S  | Market  | DEGREE ATTENDING PHYS.  22e. ADDRESS           | MED. STAFF DHYS.  | 22c. DATE SIGNED                                  | 169                              |
| 23            |   | MILTENBERGER, MI  | D   122 S<br>E OF CEMETERY OR CREMATORY        | 23d LOCATION (City or To  |   | MD. (State)                      |
|               | FUNERAL DIRECTOR  | 13/69 Kas<br>Stein Inc. ADI<br>FUNERAL HOME II  | - July Correct                                 | EC'D BY REGISTRAR 25b. RE Ah 13 1969                            | EGISTRAR'S SIGNATURE                              | 1/                               |
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|           |          |         | Secretary.   |             |        |         |        |
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F. V. MILTERSPRESH, HD

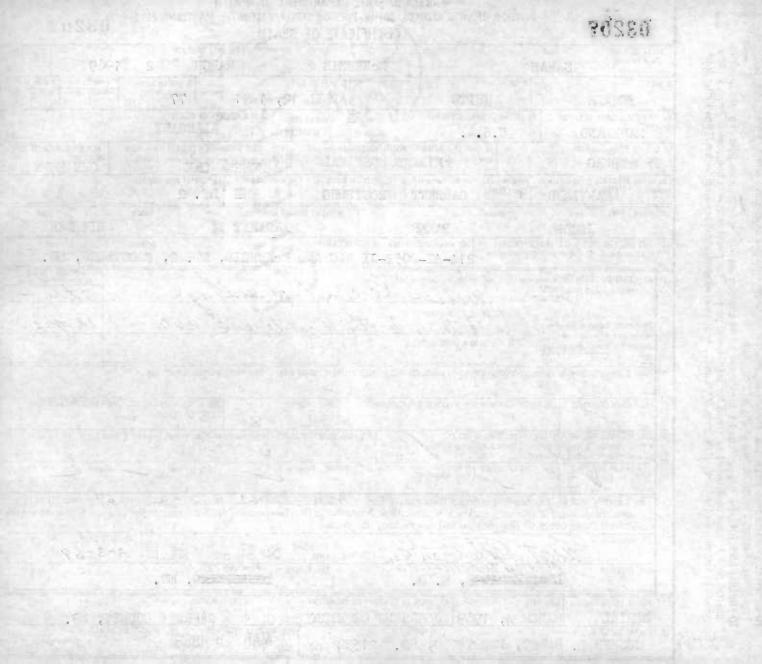
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| uneral<br>Uneral<br>1 and 2<br>death.  |               | ECEASED-NAME First Middle Ype or print) WILLIAM L.  |                    |                                  | DATE OF DEATH MARCHonth 28 pay 1                                     | 2b. HOUR  |
| durs after the form  | 3. S          | MALE  |                    | DATE OF BIRTH -4-1904            |  | FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN |
| 22.5   | Can           | PENNA. U. S. A. WII   | DOWED [            | DIVORCED A                       | UNTY OF DEATH  | M   |
| within 2   |               |   | ITAL               | during mast af TRUCK             | UPATION (Kind of work done working life, even if retired.)  K DRIVER | 12b. KIND OF BUSINESS OR COESTRYANESE               |
| equires that the death certificate be executed with physician. signed by the attending physician and campletely burial-transit permit. Then please remove carban burial, crematian, ar remaval, and in any event, with   | adm           | SSIGN) STATE MARYLAND 13b. COUNTALLEGANY L  | AVAL               | E YES X NO                       |  | BOULEVARD   |
| ertificate be exc<br>physician and c<br>nen please remo  |               | ATHER'S NAME First Middle Last  NEWTON MARTZ  |                    | OTHER'S MAIDEN NAME First        | Middle HATTIE  | SHAFFER   |
| rtificat<br>physicie<br>en plec<br>aval, ar  | 160           | WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknawn) (If yes give war or dates of service)   | 17. INFO           |                                  | Address  ITAL CUMBERL  | AND MD  |
| eath ce<br>ending<br>nit. Th<br>ar rem   |               | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Pulma                                   | uz e               | ubolus.                          |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OTHER  |
| equires that the death ce<br>physician.<br>signed by the atending<br>burial-transit permit. The<br>burial, cremation, ar remo  |               | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), (b)  | 0                  |                                  |  |   |
| res tha<br>sician.<br>ned by<br>ial-tran   | i i           | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost.   |                    |                                  |  |   |
| v requing phying phyen signer he burit   | N.            | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  |                    |                                  | ON GIVEN IN PART I(o)  |   |
| The lay attend has be use as the lay lith prior  | CERTIFICATION | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM   | MED                | 2Da. AUTOPSY? YES NOX            | 2Db. IF YES, WERE FINDINGS CONS<br>CAUSES OF DEATH?                  | SIDERED IN CERTIFYING                               |
| ICIAN:<br>pital ar<br>rtificate<br>ad far u  | MEDICAL CE    | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner)  | 21c. HOW           | INJURY OCCURRED (Enter natur     | e of injury in Part 1 or Port 2, Item                                | n 18.)  |
| <b>5 PHYS</b> the has this ce the detache  | W             | 21d. INJURY OCCURRED While at work at work.   |                    | TION Street or R.F.D. Na.        |  | County State  |
| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital ar attending physician.  JIRECTOR: After this certificate has been signed by the attending physician and campletely fill e 3 shauld be detached far use as the burial-transit permit. Then please remove carban ped with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within |               | 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 3/2 8 19 5 causes stated abave, (1) (we) (did) (did nat) view the bady | m_3/<br>2, and the | hat in (my) (aur) apinian<br>ith | ta <u>3   28</u> , 19 <u>69</u><br>death accurred an the date        | , that (I) (we) las<br>and haur and from th         |
| OR ATT   |               | 22b. SIGNATURE 0  | DEGREE             | ATTENDING MED. DIRECTO           | R STAFF 22c. DAT   | 128/69.   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transpauld be filed with the State Dept. of Health priar ta burial, creases.   |               | 22d. PHYSICIAN'S NAME (Type) DR. G. M. SIMONS   |                    | I OD . ADDDESS                   | RLAND, MD.   |   |
| TO HO<br>Page<br>TO FUN<br>direct  | 1             | BURIAL, CREMATION, REMOVAL (Specify) March 31,1969 Restlawn   | ery or cre         | orial Park 1                     | La Vale, Md. A   |   |
| VR A15   | 24.           | James F. Scarpelli, Cumberland,   | Md.                | 25 AFED BY REGI                  | STRAR 25h BIGISTRAR'S SIG  | NATURE LANGE  |

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03203 HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Doy Year 2b. HOUR (Type or Print) Page DEATH MATED March 13.1969 9a M Marv Ann Meanvhan delay and 3 t 6. AGE (in years 3. SEX 4. RACE IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR MONTHS PM3. last birthday) March 13. 9/25/1915 White 9a M Female YRS 7o. 81RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, country) WIDOWED DIVORCED Maryland Allegany pages 1 and 2 with the Stal 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR the Chief Medical Examiners Office alang with during mast af working life, even if retired.) Cumberland Memorial Hospital Housewife 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Allegany YES NO 153 Polk Street Cumberland hours after 14. FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last Bashor Sines Cross Marv within 24 .u 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, na, ar unknown) (If yes nive war or dates of service) William H. Meanyhan, 153 Polk St. Cumberland File .⊆ within 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c),) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave CORONARY SCLEROSIS rise ta immediate cause (a). any certificate shauld please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .u PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X YES 🗍 pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremotian, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE T 22a. I certify that I taak charge af the remains described abave, held an Autapsy ... Inspection X Inquiry X and in my apinian Natural causes [7]. Accident . Suicide . Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X March 13. 1969 **EXAMINER'S** 5 may 10 FUNE Health ADDRESS(Street, city, town, or county) CUMBERLAND . MARYLAND BENEDICT SKITARELIC, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Mar 16. 1969 Sunset Memorial Park Near Cumberland Alleg Md Burial 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Merria Judge 230 Balto Ave. Cumberland ManMAR 1969 Charles E. Hafer. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

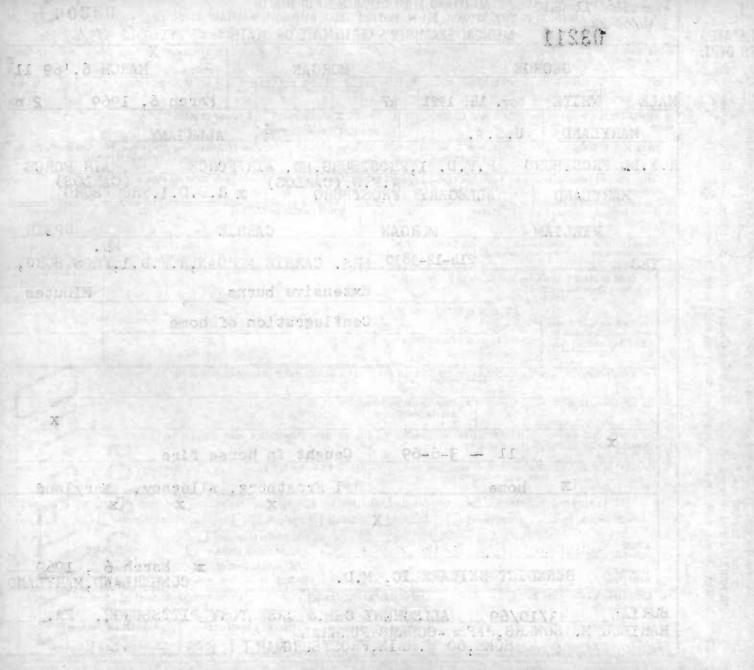
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| er death.<br>funeral<br>i and 2  | 1. DECEASE<br>(Type o             |  |   | Middle<br>FREDE   | J- 14                 | Last<br>MEYE           | 20                              | DATE OF I       | DEATH<br>Manth 03 Da                                 | y 31 Yeg9                   | 26. HOUR                           |
| by the fundamental   | 3. SEX                            | MALE   | 4. RACE                                 | HITE  |                       | S. DATE OF B           | IRTH   3 - 1 1                  |                 | 6. AGE (In years lest-birthday)                      | IF UNDER I YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN         |
| 4 haurs<br>1 in by 1<br>pers Page  | 7a. BIRTHF<br>cauntry)            | LACE (State or foreign<br>MARYLAND   | 7b. CITIZEN OF WE                       | HAT COUNTRY?  | 8. MARRIED<br>WIDOWED | NEVER MAR              | RRIED 9. CC                     | A A             | EGANY COU  | NTY,                        | Md                                 |
| be executed within 24 haurs after death and campletely filled in by the funeral eremove carban papers. Pages I and I in any event, within 72 haussafter death  |                                   | CUMBERLAND   | SÃÔ                                     | AME OF HOSPITAL OR IN<br>Street address<br>RED HEART                | HOSPI                 | TAL                    | 12a. USUAL OC<br>during post of | CUPATION (      | Kind of work done                                    | 12b. KIND OI                | F BUSINESS OR                      |
| cuted v<br>camplete  | 13o. USUA<br>admissian)           | STATE MARYLAN  |   | ion: Residence before   |                       | DLAND                  | YES NO                          |                 | EET AND NUMBER                                       | AND, M                      | ID.                                |
|  | 14. FATHER                        | S NAME First FREDERICK   | Middle                                  | Last<br>MEYER   |                       | S. MOTHER'S MA         | OWAN) MAR                       | Υ               | Middle   | MEY                         | Last<br>ERS                        |
| ertificate be<br>physician a<br>nen please<br>naval, and ir  | 16a. WAS<br>Yes, no,              | or unknown) (If yes give v   | NED FORCES?<br>var or dates of service) | 166. SOCIAL SECURITY 2 14 -07 -52                                   |                       | INFORMANT<br>ACRED H   | HEART HOS                       | PITAL           | Address<br>, 900 SET                                 |                             | 21502<br>CUMB.,                    |
| equires that the death c<br>physician.<br>signed by the attending<br>burial-transit permit. The<br>burial, crematian, ar rem   | Cond<br>rise t<br>statin<br>last. | itians, if any, which gave a immediate cause (a), ig the underlying cause      | D BY: ATE CAUSE (a)                     | S A CONSEQUENCE OF<br>ONCHOGENIC<br>S A CONSEQUENCE OF<br>EMIA: MUL | NEOPLAS<br>TIPLE A    | EPATIC A               | METASTASI.                      | S<br>TION GIVEN | IN PART I(a)   | APPROX<br>BETWEEN           | (IMATE INTERVAL<br>ONSET AND DEATH |
| AN: The law real of a control o |                                   |  | CONDITION FOR WH                        | ICH OPERATION WAS PE  | RFORMED               | 20o. AUTO              | PSY?                            | CAUSES          | YES, WERE FINDINGS ( OF DEATH?  in Part 1 or Part 2, |                             | ERTIFYING                          |
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| Page 4 may be retained by the haspital ar attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta  | 22a.                              | I certify that (I) (the saw the deceased a causes stated above                 | live on<br>e, (I) (we) (did)            | (did not) view the  | 9, on<br>body after   | d that in (m<br>death. |                                 | deoth a         | , 19<br>ccurred on the do                            | ote ond haur                |                                    |
| O HOSPITAL OR<br>Page 4 may be<br>O FUNERAL DIR<br>director, page 3<br>should be filed   |                                   |  | HINDLER,                                | M.D.  | DEG                   | 22e. ADD<br>69         | GREENE S                        |                 | UMBERLAND  | 4-2-69<br>, MD. 2           |                                    |
| TO HOSPII<br>Page 4 m<br>TO FUNER<br>director,<br>should b   | BEM                               |  | ./3/69                                  | 23c. NAME OF  |                       | Ls Cem                 | eterv                           | Fros            | (City or Town)                                       | (County)                    | (State)<br>Md                      |
| VR A15 (4)<br>45M - 1 69   | E I CH                            | AL DIRECTOR HORN FUNERA  | L HOME -8                               | E. MAIN S   | T., LO                | NACONII                | 2So. REC'D BY REG               | 7 1             | 969 REGISTOR   | SIGNATURE O                 | udge                               |

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| SUX 52, MISTER, MO.                 | MIDLAND                               |                 | SERVICE   |
|                                     | Y 41. (ME 30 31.)                     | SHEYEN          | FREDERICK   |
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| 121   | 3/11/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item16   | 3206                      |
|---|---|---------------------------|
| FOR STATE   | 3/14/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item16 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | /9/69 kk                  |
| HEALTH DEPT.  | 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month De  |                           |
| is 5 8 2  | (Type or Print)  GEORGE:  MORGAN  OF ESTI- DEATH MATED MARCH  | 6,169 11                  |
| deloy<br>and 3<br>M3. Po  | 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Mainth DAYS HOURS MIN. Month   | 2d. HOUR                  |
| b de  | MALE WHITE Nov. 14, 1921 47 YRS. MANTHS DAYS HOURS MIN. March 6 Doy 196   | 9 <sup>reor</sup> 19 2 pm |
| D - 1   | 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED AT THE GANY  |                           |
| th.<br>ges 1,<br>form<br>rote De  | A LINE CALL   | b. KIND OF BUSINESS OR    |
| ofter death.  3. Give Poges along with for with the Stote eeth.   | R.F.DL FROSTBURG R.F.D. 1. FROSTBURG.MD. during most of working life, even if retired.) AR FORCE  | IR FORCE                  |
| ofter de<br>8. Give<br>along w<br>with the<br>leoth.  | 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 3c. This Town A PIP (White A PIP) LIMITS? [13e. STREET AND NUMBER (C.A.)  | RLOS)                     |
| 2 e 12  | odmission MARYLAND 13b. COUNTILEGANY FROSTBURG YES NO R.F.D.1, FROST  | BURG'                     |
| hin 24 hours<br>not in Item 18<br>yiner's Office<br>bages Lond 2 v  | 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle   | Last                      |
|   | WILLIAM MORGAN CARRIE   | SPEIR                     |
|   | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) (If yes give wor or dotes of service) (YES)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  MD  CARRTE MORGAN R. E. D. T. F. | -                         |
| J with per Exar Exar File   | # 10 M  | ROST BURGM                |
| nould be executed word "pending" in the Chief Medical Erial-transit permit. I any event within  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:  Extensive burns   | Minutes:                  |
| e execut<br>pending<br>ef Medicc<br>isit permi  | DIF TO OR AS A CONSEQUENCE OF   | 11110000                  |
| be exe  | (Conflagration of home  |                           |
| should<br>e word<br>o the Ch<br>burial-tra<br>in any  | rise to immediate couse (o).  stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF   |                           |
| e should be executed wit<br>the word "pending" in pe<br>to the Chief Medical Exar<br>burial-transit permit. File<br>id in any event within 72               | lost. ) (c)   |                           |
| g the   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |                           |
| This certificat icote, writing be farworded de used os car removol, or  | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION   | 20. AUTOPSY?              |
| his certifored writing farwor be used be used be removal  | 19a. Date of Operation  19b. Condition for which operation  WAS PERFORMED?  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2. Item  | YES NO                    |
|   |   |                           |
| inner: The certifice should by files.  3 should by notion, ar   | PRIMARY FOR CONTRIBUTING 110 H.M. 3-6-69  Caught in house fire  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street)  21f. LOCATION Street or R.F.D. No. City of Town  |                           |
| KAMINER: te the certifue to the certifue to the certifue. your files. oge 3 should cremotion,   | factory affice huilding etc.)   | County Stote              |
| bical Examiner: se execute the certicator. Page 4 should ned for your files. ECTOR: Poge 3 shou burial, cremotion,  | At work Lat work Lat home R#1 Frostburg. Allegany. M  | aryland                   |
| ICAL E) e execut tor. Pag ed for y CTOR: P  | 220. I certify that I took charge of the remains described above, held an Autopsy 📆, Inspection 📑 Inquiry 🐋,  | and in my opinian         |
| sase irrecto ained ained to be  | death resulted from: Natural causes, Accident X Suicide , Homicide , Undetermined manner  | J                         |
| Y, pleary, plearol diin   | ACTUAL SIGNATURE DEMOCIAL EXAMINER ( 22b. DATE SIGNATURE ASSISTANT MEDICAL EXAMINER ( 22b. DATE SIG   | SNED                      |
| ory,<br>nero<br>be<br>be<br>Pr  | DEDITY MEDICAL EVANINED WORDS 6   |                           |
| o DEPUTY DICAL EXAM necessory, please execute the funerol director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crem | NAME (Type)  BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or councumberlan)  |                           |
| 10 TO He  | 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (City or Town)  | ounty) (Stote)            |
|   | BURTAL 3/10/69 ALLEGHENY CEM. & CREMATORY PITTSBURGH  | PA.                       |
| VR A15ME (5)  | MARTIPOURM. SOWERS, HAFER - SOWERS FUNERAL 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG   |                           |
| 10M REV. 1/68   | Maily M. Lowers HOME, 60 W. MAIN, FROSTBUHOMAR 1 1 1969 yourseles   | repagn                    |



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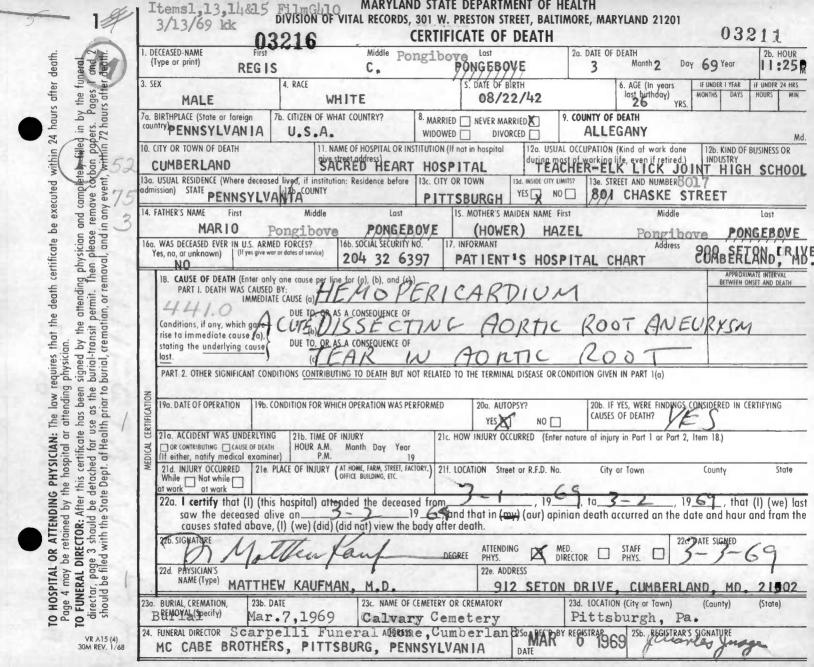
| 1  | 03213 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
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| 9  | CERTIFICATE OF DEATH 03208   |
| deoth.<br>neral<br>and 2<br>death.   | 1. DECEASED NAME (Type or print)  DOROTHY  Middle  Lost  NEUBISER  2a. DATE OF DEATH  Manth  Manth  Manth  MARCH  1 969  6:25  |
| s after<br>the fu<br>ages 1<br>rs after  | 3. SEX FEMALE  4. RACE WHITE  5. DATE OF BIRTH 6-14-98  6. AGE (In years   FUNDER 1 YEAR   1F UNDER 24 HR FEMALE  70 YRS. MONTHS DAYS HOURS MIN  |
| 24 hour<br>d in by<br>pers. F  | 70. BIRTHPLACE (State or foreign country) PENNA.  75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH ALLEGANY  |
| recuted within 24 hours after deoth.  completely filled in by the funeral nove contain papers. Pages 1 and 2 by event, within 72 hours after death.  | 10. CITY OR TOWN OF DEATH  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  MEMORIAL HOSPITAL  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  NDUSTRY   |
| certificate be executed g physician and complet then please remove con moval, and in any event   | 136. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE MD. 13b. COUNTY ALLEGANY CUMBERLANDES NO UMBERLANDES NO UMBERL |
| n ond se rem   | 14. FATHER'S NAME First Middle Lost SHAFFER SHAFFER MARGARET DUNN  |
| srtificate be exphysician and en please removal, and in an   | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ocyphown) (If yes give war ar dates af service)  16b. SOCIAL SECURITY NO. 17. INFORMANT Address 213 09 6431 MEMORIAL HOSPITAL, CUMBERLAND, MD.   |
| e death<br>ottendin<br>oermit. I   | BE. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave (b).  (b)   |
| OR ATTENDING PHYSICIAN: The low requires that the be retained by the hospitol or attending physician.  SIRECTOR: After this certificate has been signed by the real 3 should be detached for use os the buriol-transit ped with the State Dept. of Heolth prior to buriol, cremating | stoting the underlying cause (c).  Due to, or as a consequence of least a higher feasure Ht lace 10 pc.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, poge 3 should be detached for use as the should be filed with the State Dept. of Health prior to I                 | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY. 22b. HOW INJURY OF CHIRRED. (FORTE DRIVER of LIQUIUS IN Part 2, them.) 18.)  |
| ICIAN:<br>pitol or<br>rrificote<br>id for u<br>of Heoli  | DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  [If either, natify medical examiner) P.M. 19  |
| S PHYS the hos the hos this ce detache   | 21d. INJURY OCCURRED While Nat while at work at wark  21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County Stote   |
| TENDING ined by OR: After ould be the State  | 22a. I certify that (I) (this haspital) attended the deceased fram, 19   |
| OR AT be reta DIRECTO  | 22b. SIGNATURE COLLEGE ATTENDING MED. STAFF 22c. DATE SIGNED 69  |
| TO HOSPITAL Poge 4 may b TO FUNERAL D director, pog  | 22d. PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN  22e. ADDRESS 59 GREENE ST., CUMBERLAND, MD.  |
| TO HC Poge TO FUI direct   | 230. BURIAL, CREMATION, REMOVAL Copyrity  3/14/69  231. NAME OF CEMETERY OR CREMATORY  WELLERSBURG C EMETERY WELLERSBURG PA  ADDRESS  232. NAME OF CEMETERY WELLERSBURG  233. DATE  234. LOCATION (City or Town) (County) (State)  |
| VR A15 45M - 1X89  | 24. FUNERAL DIRECTOR BYRON KIGHT  CUMBERLAND, MD.    250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE  |

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| 221  | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  | 03210  |
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| leath.<br>eral<br>and 2<br>leoth.  | 1. DECEASED-NAME First Middle Lost Lost Lost LeoNARD E, PITTS 2a. DATE OF DEATH 3 Month 30 Day 6   | 26 HOUR  |
| within 24 hours after death.  ely filled in the threefuneral bon popers. Pages I and 2 within (22 hours offer death.   | MALE WHITE 10/29/95 Total birthday) YRS MOT  | UNDER 1 YEAR IF UNDER 24 HRS. NTHS OAYS HOURS MIN. |
|  | 70. BIRTHPLACE (State or foreign country)  ENGLAND  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED   9. COUNTY OF DEATH ALLEGANY  | Md.  |
| within<br>etely fill<br>arbon po   | 10. CITY OR TOWN OF DEATH  CUMBERLAND, MD.  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  SACRED HEART HOSPITAL  12d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER  | INDICATE AND OF BUSINESS OR                        |
| executed and complete cony event   | admission) STATE  MARYLAND  ALLEGANY  CUMBERLAND  VES X NO 138 POLK STREE  14. FATHER'S NAME  First  Middle  Last  15. MOTHER'S MAIDEN NAME First  Middle  | ET Lost  |
| e be<br>an an<br>ose re<br>nd in o   | F. W. PITTS (WAY) BESSIE   | PITTS  |
| rtificat<br>physici<br>en ple<br>vval, o   | Van an antistrative of the state of the stat | O SETON DRIVE<br>MBERLAND, MD.                     |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popels should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Congestive Heart Failure  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MO   |
| ot the   | Canditions, if any, which gave rise to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF  Arteriosclerotic Heart Disease  | 10 yrs   |
| ires th<br>ysician<br>ned by<br>ial-tra<br>iol, cre  | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  (c)GGeneralized visceral failure  | 2 mo.  |
| v requing phen sig   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  Senility-Generalized arteriosclerosis  | 117 48   |
| The lav attend attend by see os the prior  | TICS NOTE OF   | IDERED IN CERTIFYING                               |
| SICIAN:<br>spital or<br>errificote<br>ed for u   | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 P.M. Month Day Year 19 P.M. Manth Day Year 19 P.M. Mant | 18.)   |
| G PHY<br>the ho<br>this co<br>detoch<br>te Dept  | While Not while of work of wor | aunty State  |
| SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the hospital or attending physician.  FERAL DIRECTOR: After this certificate has been signed by or, page 3 shauld be detached for use as the burial-transly be filed with the State Dept. of Health prior to burial, cre  | 22a. I certify that (I) (this haspital) attended the deceased from Dr11 16, 1965, to 20150, 1965 saw the deceased alive an 1965, and that in (my) (aur) apinian death accurred an the date of ceruses stated above (I) (we) (Jid) (did not) view the bady after death.   | , that (I) (we) last and haur and fram the         |
| OR AT be reto DIRECTO  | 226. SHOWFURE  1. Taxinase  1.  | SIGNED<br>-69                                      |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or attending FO FUNERAL DIRECTOR: After this certificate has bee director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior the should be should be stated be stated by the stated beautiful the stated beautiful by the stated by the | 22d. PHYSICIAN'S NAME (Type) J. P. HALLINAN, M.D.  22e. ADDRESS 140 BEDFORD ST., CUMBERLAND,   |  |
| TO HC<br>Poge<br>To FU<br>direct<br>shou   | Smiles 7/1/69 St. Lukes (em. (umberlanda   | llegany MQ   |
| VR A15 (4) 45M - 1/69  | 24. FUNERAL DIRECTOR Aless fun f from ADDRESS 17 FREDERICK 253 TRECT BY REGISTRAR 250 REGISTRAR'S SIGN STEIN'S FUNERAL HOME CUMB., MD. DAPR 3 1969   | Judge  |

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| 10, 11. 21502                                     | ., כעוריבונ                           | ENFORM ST | 9 641       | .G.E       | וווו, | H .9 .L         |
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| do y |         |              |             | T. S. 1965 N<br>C. HONGERES, NO. |                        |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03213 HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-OF Michael Quartucci Poge DEATH MATED MARCH 22,196921120 M 40 y delay i 2, and 3 to PM3. Pog Department ( 6. AGE (In years IF UNDER 24 HRS. 4. RACE 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White Mar.3,1884 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED form Give Pages 1, country) Italy USA Allegany WIDOWED X DIVORCED [7] with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) twent and the desired of working life even if refreed). INDUSTRY Cumberland Sacred Heart Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Allegany YES NO Cresaptown None be executed within 24 hours ofter 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Nicholas Quartucci Unknown hours Exominer's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) Nicholas Quartucci, Frostburg, Md.Son within . APPROXIMATE INTERVAL .⊑ 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY GENERALIZED ANASARCA. 24-36 Hours IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove ACUTE DORIDEN POISONING 47 Hours rise to immediate couse (a), This certificote should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (Self Induced) .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES KX NO pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. PRIMARY [ ] OR CONTRIBUTING [ cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote County foctory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE T 22a. I certify that I took charge of the remains described above, held an Autopsy KX. Inspection XX. Inquiry XI, ond in my opinion death resulted fram: Natural causes Accident Suicide X Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE A DEPUTY MEDICAL EXAMINER XX March 22. 1969 **EXAMINER'S** 5 moy ro FUNE Health BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 3-25-1969 Cumberland, Md. Allegany Sunset Memorial 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** James F. Scarpelli, Cumberland, VR A15ME (5) 1969 Millerston Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03214 CERTIFICATE OF DEATH s 1 ond 2 1. DECEASED-NAME First Middle P M 2b. HOUR Last 2a. DATE OF DEATH at 24 hours after death (Type or print) Ruth M. Rank March 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In veprs IF UNDER 1 YEAR IE UNDER 24 HRS filled in by the f White Female last (sthday) HOURS 5/11/1903 7p. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) W. Virginia remove corbon papers. U. S. A. WIDOWED X Allegany County DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) A 11e gany County during mast of warking life, even if retired.)

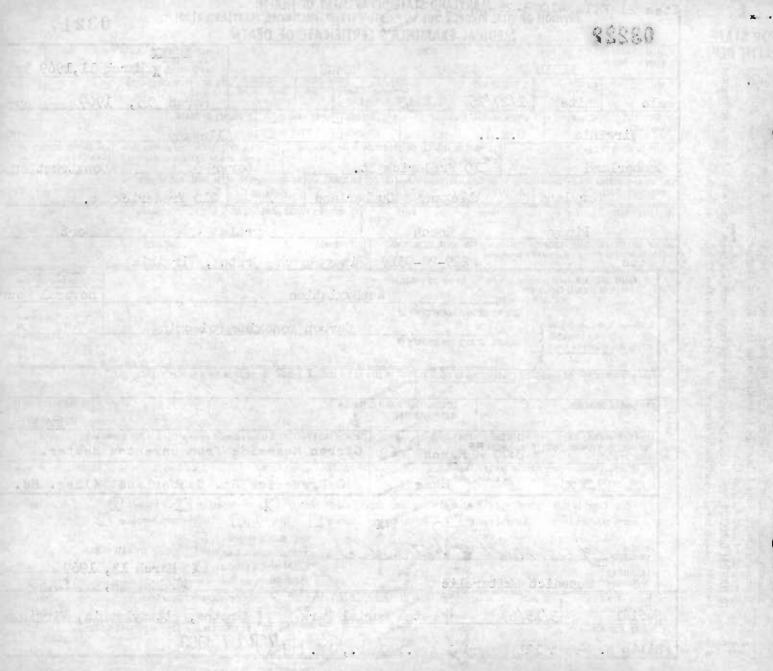
Infirmary and in any event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Cumberland completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATMaryland 13b. COUNTY Allegany Cumberland YESK 319 Columbia Street NO 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First ond Middle Perry Rinehard Mary Buckalew requires that the death certificate 17. INFORMANTP. 0. Box 599. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. AddressCumberland, Md. 220-10-41720 Yes, na. ar unknown) (If yes give wor or dates of service) burial, cremation, or removol, Allegany County Infirmary records. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Conditions, if any, which gave signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DESEASE OR CONDITIONS GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Heolth prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO HOSPITAL OR ATTENDING PHYSICIAN: The Poge 4 moy be retoined by the hospital or otte CAUSES OF DEATH? YES NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (1) (this hospital) attended the deceased from Jan. 23, , 19.69, towarch 11, 19.69, that (1) (we) lost sow the deceased alive on March 10, 19.69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. director, page 3 should shauld be filed with the 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR X Met 12-19 PHYS. DHYSICIAN'S 72e. ADDRESS NAME (Type) Memorial Hospital. Cumberland, Md. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 1969 Hillcrest Burial Park Md Near Cumberland REC'D BY REGISTRAR Balto Ave Cumberland Md DATE 2Sb. REGISTRAR'S SIGNATURE

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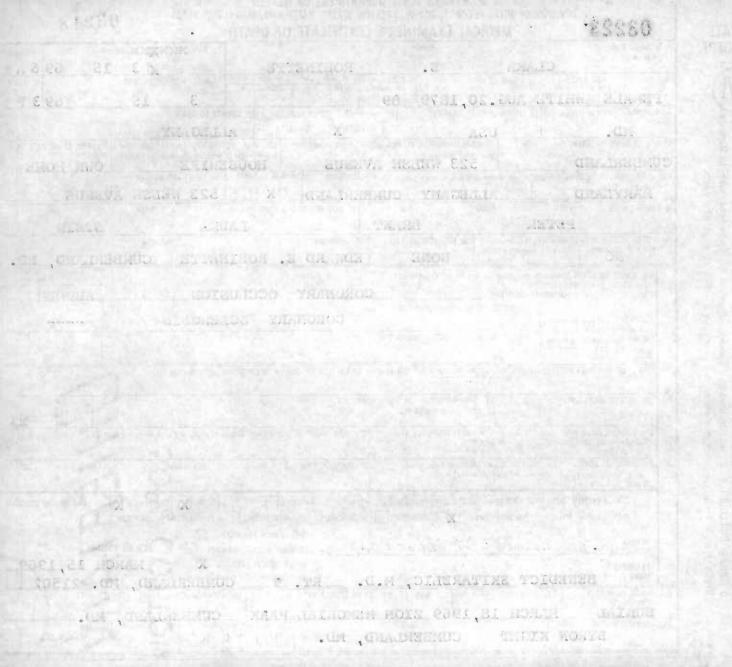
MARYLAND STATE DEPARTMENT OF HEALTH

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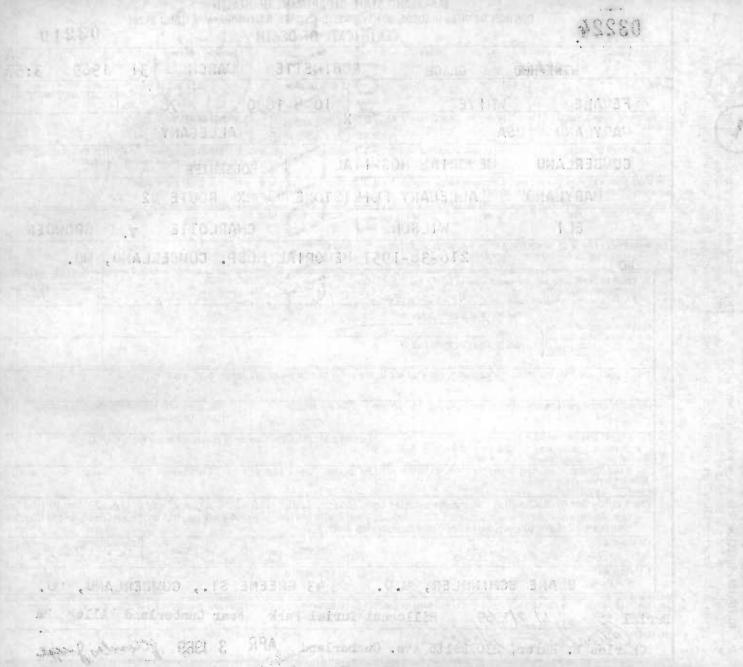


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03218 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2b. HOUR (Type ar Print) DEATH MATED X 3 6 A M CLARA 169 ROBINETTE 4. RACE 3. SEX 5. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR WHITE AUG. 20, 1879 1969 3 P M FEMALE 89 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED X DIVORCED ALLEGANY MD. USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
HOUSEWIFE give street gddress)
523 WELSH AVENUE INDUSTRY CUMBERLAND OWN HOME 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ALLEGANY 523 WELSH YES 🔀 NO 🗔 **CUMBERLAND** ofter 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME Middle PETER BRANT LAURA STEIN hours shauld be forworded to the Chief Medical Exominer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) NONE EDWARD E. ROBINETTE CUMBERLAND File event within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: CORONARY SUDDEN OCCLUSION IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit CORONARY SCLEROSIS Canditions, if any, which gove rise to immediate cause (o), ony word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificote removol, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street at R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry & and in my apinian Natural causes X, Accident death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Trilarelia 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. MARCH 15, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) BENEDICT SKITARELIC, M.D. RyDDRESSITTENT, CHIMBERLAND, MD. 21502 the 50 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) MARCH 18 1969 ZION MEMORIAL PARK CUMBERLAND BURIAL 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR CUMBERLAND, MD. BYRON KIGHT VR A15ME (\$)

MARYLAND STATE DEPARTMENT OF HEALTH



|    |               | 03224  | DIVISION  | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH |  |                          |   |   | 03219                        |  |
|----|---------------|--|---|---|--|--------------------------|---|---|------------------------------|--|
|    |               | CEASED-NAME Fir  |   | Middle  |  | Last                     | 2a. DATE OF DEATH   |   | 2b. HOURA                    |  |
|    | 3. SE.        | WINI   | FRED  | GRACE   |  | BINETTE                  | MARCH Month 31  |   | 3:57                         |  |
|    | 3. 3E.        | FEMALE   | 4. RACE   | ITE   | 2  | 10-8-189                 | 6. AGE (In years last birthday) 78  |   | HOURS MIN                    |  |
|    | 7o. B         | IRTHPLACE (State or foreign  |   | F WHAT COUNTRY?   | 8. MARRIED X                                 | NEVER MARRIED            | 9. COUNTY OF DEATH ALLEGANY   | (3.   | Md                           |  |
| 0  |               | CUMBERLAN  | ID M  | 1. NAME OF HOSPITAL OR IN   | OSPITAL                                      | during p                 | JAL OCCUPATION (Kind of work doint to the working life, even if retired 1005EWIFE | ne 12b. KIND OF BU<br>INDUSTRY                    | JSINESS OR                   |  |
| 1/ | admis         | USUAL RESIDENCE (Where decession) STATE MARYLA   | n D 13b. COUN                                   | titutian: Residence before  Y ALLEGANY  | FLINT:                                       | STONE YES N              | IMITS? 13e. STREET AND NUMBER ROUTE #2  |   |                              |  |
| 1  | d             | ATHER'S NAME First EL I  | Midd  | WILSO   | N  |                          | CHARLOTTE V   | GROW  | Lost<br>DEN                  |  |
|    | 16a.<br>Ye    | WAS DECEASED EVER IN U.S. A<br>es, no, or unknown) (If yes giv<br>NO                                 | RMED FORCES?<br>e war or dates of service       | 16b. SOCIAL SECURITY<br>216-38-   | 1957 M                                       | EMORIAL HO               | OSP. CUMBERLA   | ND, MD.   |                              |  |
|    |               | Conditions, if any, which gav<br>rise to immediate couse (o<br>stating the underlying cause<br>last. | DUE TO, (b)                                     | OR AS A CONSEQUENCE OF  |  | HE TERMINAL DISEASE OR   | CONDITION GIVEN IN PART 1(a)  | ? BETWEEN ONS                                     | ET AND PEATH                 |  |
|    | CERTIFICATION | 19a. DATE OF OPERATION 19  | b. CONDITION FOR                                | WHICH OPERATION WAS PI  | ERFORMED                                     | 20o. AUTOPSY? YES NO     | 20b. IF YES, WERE FINDING CAUSES OF DEATH?  | S CONSIDERED IN CER                               | TIFYING                      |  |
|    | 3             | 21a. ACCIDENT WAS UNDERLY  ☐ OR CONTRIBUTING ☐ CAUSE OF DI  (If either, natify medical exar          | HOUR A  | .M. ' 1   | 9  |                          | er nature of injury in Part 1 or Part   | 2, Item 18.)                                      |                              |  |
|    |               | at wark of wark  |   | RY (AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC.  | 1  | 1 2 2                    |   | County  | Stote                        |  |
|    |               | 22a. I certify that (1) (1<br>saw the deceased<br>causes stated aba                                  | his haspital)<br>alive an //<br>ve, (I) (we) (d | attended the deceas   | ed from Jand t<br>19 Jand t<br>body after de | hot in (my) (our) apath. | inion death occurred on the   | 19 <u>6</u> <u>9</u> , that (<br>date and hour or | (I) (we) last<br>nd from the |  |
|    |               | 22b. SIGNATURE   | shid  | 6   | DEGREE                                       |                          | MED. STAFF 2  | 24 DATE SIGNED                                    | 69                           |  |
| 1  |               | NAME (Type) BLA  |   | INDLER, M   |  |                          | NE ST., CUMBEI  |   | D.                           |  |
|    | Bu            | REMOVAL (Specify)  | DATE 4/ 2/196                                   | 9 Hillo   |  | rial Park                | 23d. LOCATION (City or Town) Near Cumberland                                      |   | (State)<br>Md                |  |
| Q. | 24. F         | Charles E. H   | arer 2  | ADDRESS ADDRESS AVE   | . Cumbe                                      | rland DATE AP            | RY REGISTRAR 25b. REGISTRA  | R'S SIGNATURE                                     | al :                         |  |



| 3 1  |     |               |  | DIVISION OF                       | VITAL RECORDS                                      |                        |                      | REET, BALTIMO                       |                           | YLAND 212                           | 01                |                        |                                  |
|--|-----|---------------|--|-----------------------------------|--|------------------------|----------------------|-------------------------------------|---------------------------|-------------------------------------|-------------------|------------------------|----------------------------------|
|  |     |               | 03225  |                                   |  | CERTIFIC               | CATE OF              | DEATH                               |                           |                                     | 0.                | 322                    | 0                                |
| death.<br>neral<br>and 2<br>death.   |     | (             | ECEASED-NAME Type or print) CAR  |                                   | Middle<br>E  |                        | ROBIS                | SON 2                               | o. DATE OF                | DEATH<br>3onth                      | 24                | 69                     | 2b. HOUR<br>10:25A               |
| the fundaments of the fundamen |     | 3. 5          | FEMALE   | 4. RACE WH 1 7                    |  |                        | 5. DATE OF BI<br>2-2 | RTH<br>21-90                        |                           | 6. AGE (In year<br>last birthday)   |                   | THS DAYS               | IF UNDER 24 HRS HOURS MIN        |
| 24 haur<br>d in by<br>sers. F  |     | 7o.           | BIRTHPLACE (Stote or foreign MARYLAND  | 7b. CITIZEN OF WHA                |  | 8. MARRIED<br>WIDOWED  | NEVER MAR            | KILU                                | OUNTY OF                  |                                     |                   |                        | Md                               |
| within 24 haurs after ely filled in by the fubban papers. Pages within 72 hours after  | 30  | 10. 0         | CUMBERLAND   | give                              | ME OF HOSPITAL OR I<br>treet address)<br>MOR TAL   | HOSPI                  |                      | during mast a                       | CCUPATION<br>of working I | (Kind of work of life, even if reli | done 1<br>red.) 1 | 2b. KIND OF<br>NDUSTRY | BUSINESS OR                      |
| executed void completions on the completion on the completion on the contract  | 01  | 13o.<br>adm   | USUAL RESIDENCE (Where decease ission) STATE LAND  | lived, if institution 13b. COUNTY | on: Residence before                               | CUMBE                  |                      | 13d. INSIDE CITY LIMITS? YES X NO X | 13e. STR                  | EET AND NUMBE                       | R<br>KIST         | ON A                   | VENUE                            |
| be exe   | 1   | 14. 1         | FATHER'S NAME First CHARLE   | Middle                            | SM 17  |                        | ATCY                 | ADEN NAME First                     | Y                         | Midd                                | lle               | DI                     | CKEN                             |
| tificate hysician n pleas  |     | 16o.<br>Y     | WAS DECEASED EVER IN U.S. ARME es, no or unknown) (If yes give were NO                         | D FORCES? or dates of service)    | 16b. SOCIAL SECURITY<br>-181-18-8                  |                        | MEMOR I              | AL HOS                              | PITAL                     | . CUI                               | MBER              | LAND                   | ,MD.                             |
| requires that the death certificate be executed within 24 haurs after death. g physician.  signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 a burial, cremation, ar remaval, and in any event, within 72 hours ofter death.  |     |               | 1B. CAUSE OF DEATH (Enter only<br>PART I. DEATH WAS CAUSED                                     | one coase per ling                | for (o), (b), and (                                | 1).)                   | Tolor                | Lila                                | mu                        | Estern.                             | ~                 | APPROXIL<br>BETWEEN O  | MATE INTERVAL<br>INSET AND DEATH |
| the de   |     |               | Conditions, if ony, which gove)  |                                   | A CONSEQUENCE O                                    | Fle                    | 3 (                  | UZ                                  | 2, -                      |                                     |                   |                        |                                  |
| es tha<br>sician.<br>ed by<br>al-trans   |     |               | rise to immediate cause (a), stating the underlying couse lost.                                | DUE TO, OR AS                     | A CONSEQUENCE O                                    | F                      |                      |                                     | 6                         |                                     |                   |                        |                                  |
| The law requires the attending physician. has been signed by se as the burial-trait the priar ta burial, cre   |     | z             | PART 2. OTHER SIGNIFICANT COND   | ITIONS CONTRIBUT                  | ING TO DEATH BUT                                   | NOT RELATED TO         | THE TERMINAL         | - DISEASE OR COND                   | ITION GIVEN               | IN PART I(o)                        |                   |                        |                                  |
| The law<br>attendi<br>has be<br>se as th   | 2   | CERTIFICATION | 190. DATE OF OPERATION 196. CO   | ONDITION FOR WHIC                 | H OPERATION WAS P                                  | ERFORMED               | 20o. AUTO            | PSY?                                |                           | YES, WERE FINDI<br>OF DEATH?        |                   | DERED IN C             | ERTIFYING                        |
| CIAN: ital or ifficate I for us  |     | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine | 21b. TIME OF<br>HOUR A.M.<br>P.M. | Month Day Yeo                                      | r                      |                      | URRED (Enter nat                    | ure of injur              | y in Port 1 or Po                   | ort 2, Item       | 18.)                   |                                  |
| PHYSII<br>The hosp<br>This cert<br>Petached<br>Dept. o   |     | MED           |  | ACE OF INJURY (                   | AT HOME, FARM, STREET, F.<br>QEELCE BUILDING, ETC. | 19<br>ACTORY.) 21f. LC | CATION Stree         | t or R.F.D. No:                     | Sity                      | or Town                             | Co                | ounly                  | Stote                            |
| d by the After 1 d be d be d be d be d be d  |     |               | 22a. I certify that (I) (this saw the deceased aliv  | /e an                             | 174/69   | 19 one                 | 3/3/2<br>that in (m) | , 19                                | , to 3/                   | 54/1-9<br>ccurred on th             | , 19<br>ne date o | , that                 | (1) (awa) last                   |
| R ATTE   |     |               | causes stated above,   | (I) (we) (did) (                  | did not) view the                                  | bady atter o           | death.               |                                     |                           | 1                                   | 22c. DATE         |                        | 1                                |
| TAL OF   |     |               | 22d. PHYSICIAN'S<br>NAME (Lype) DR. R  | Men                               | LLIAMS   | Lotek                  | PHYS.                | G MED. DIRECT                       |                           | PHYS.                               | 3/2               | 5/6                    | 7                                |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta   |     | 23a.          | BURIAL, CREMATION, 23b. DA   |                                   | 23c. NAME OF                                       | CEMETERY OR of A C     | CREMATORY            |                                     |                           | (City or Town)                      | Bedf              | ounty)                 | (State)                          |
| VR A15   | (4) | 7             | DINERA DIRECTOR - 17   | New 7                             | ADDRES   | 5                      |                      | 2Sq. REC'D BY RE                    |                           |                                     |                   | ATLLDE                 | ee.                              |
| 45M - 1  | /69 | -             | John J. Hafer,   | Ir. 230 J                         | Balto Ave  | . Cumb                 | erland               | Many C                              | . 100                     | 1                                   | . (()             | 0 0                    |                                  |

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|              | A TAN      | IOIOH. | 1.11                 | INT HOS | 90(1917) | Jip.     |          |
| OBTOL AVENU  |            |        |                      |         |          |          |          |
| NB ROLD      |            |        | 10                   | MILITE  |          | FARLES   |          |
| PERLALE, NO. | 10 10.01   |        | # Edding M           | 0000-1- | che dan  | 1929[25] |          |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03221 CERTIFICATE OF DEATH First Middle Last 2a. DATE OF DEATH 2b. HOUR and completely filled in by the funeral remove corbon papers. Pages 1 and 2 n any event, within 72 houry after death be executed within 24 haurs after death Ethel Rogers Mary (Type or print) Month after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Jan. 11, 1888 los Rothdoy) DAYS HOURS White Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country)W Va U.S.A. Allegany WIDOWED [ DIVORCED | 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) 520 Md • AVE • 12b. KIND OF BUSINESS OR Westernport during mast of weeking life foren if retired.) **INDUSTRY** 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before Westernpor 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md 13b. COUNTY Allegany 520 Md. Ave. YES THE NO ond in any 14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First puo Kight Amanda G. Kalbaugh William pleose signed by the attending physicion buriol-tronsit permit. Then pleose OR ATTENDING PHYSICIAN: The low requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no. or unknown) William E. Rogers-Westernport , Md. or removal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 6 wks Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Diabetes mellitus TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 5 OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from February, 19 60, to March 16, 1969, that (I) (1969) last and that in (my) (our) opinian death accurred on the date and hour and fram the saw the deceased alive on... director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did views) view the body after death. 22c. DATE SIGNED 3/17/69 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Keyser, W. Va. Phillip G. Staggers (County) W. Va. 23d. LOCATION (City or Town) (CC Keyser Mineral 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (State) 3/19/69 REMOVAL (Sequity) Queens Point 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Westernport, Md. Chamber Justice. 30M REV, 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH

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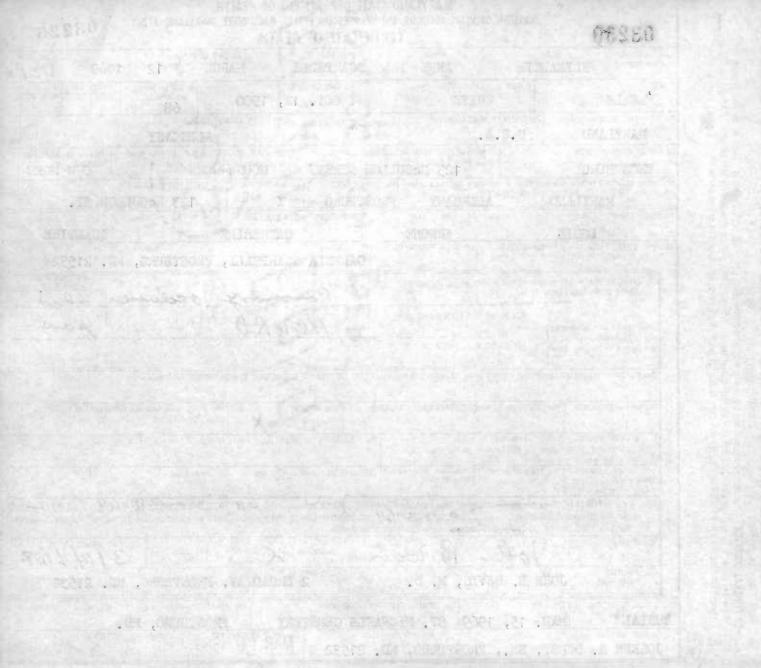
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| 67 | . SE          | Pemale  |   | 4. RACE                               | White                                       |              | S. DATE OF B   |                    | 1882                    | 6. AGE (In years loss bighday)                | IF UNDER 1 YEAR MONTHS DAYS         | HOURS MIN                       |
| 7  | o. B          | RTHPLACE (Stote or<br>try)<br>ts Virg                           | foreign<br>ginia                        | 76. CITIZEN<br>USA                    | OF WHAT COUNTRY?                            | WIDO         |  | RCED               | 9. COUNTY OF            |   |                                     | N                               |
| (  | 0. CI         | ty or town of de<br>Cumberla                                    | an d                                    | ,                                     | 11. NAME OF HOSPITA<br>give street oddress) | Nursi:       | ng Home  | during m           | ost of working          | (Kind of work done<br>life, even if retired.) | 126. KIND OF INDUSTRY               | BUSINESS OR<br>taurai           |
|    |               |   |   |                                       | nstitution; Residence<br>NTY HYDOMAD        |              | Y OR TOWN  | 7/2                | 0 29                    | REET AND NUMBER                               |                                     |                                 |
|    | 4. F          | ATHER'S NAME  | First Tames                             | Mic                                   | ddle<br>Cli                                 | Last         | Mary   |                    |                         | Middle  |                                     | Lost                            |
| I  |               | WAS DECEASED EVER   |   | MED FORCES?<br>ar or dates of serv    | 16b. SOCIAL SE                              |              | 17. INFORMANT  |                    |                         | Address                                       | 155                                 | 45<br>Pa                        |
|    | 1             | 18. CAUSE OF DEA  | ATH (Enter an                           | ly ane cause                          | per line for (a), (b),                      | ond (c).)    |  |                    |                         |   | APPROXI                             | MATE INTERVAL<br>NSET AND OEATH |
|    |               | 4123  | IMMEDIA                                 | NTE CAUSE (a)                         | , OR AS A CONSEQUEN                         | V F F        | ance   | ~                  | /                       |   | 7.                                  | neon                            |
| I  |               | Conditions, if any, rise to immediate                           | cause (a), (                            | (b                                    |   | 450          | indele   | s c                | Des                     | englen  | solven                              | men                             |
| I  |               | stating the underl  | ying cause                              | (0                                    |   | HLE UP       | Erler  | coz                | eler                    | neg   | 5                                   | colo                            |
| l  | _             | PART 2. OTHER SIG   | NIFICANT CON                            | IDITIONS CON                          | ITRIBUTING TO DEATH                         | BUT NOT RELA | TED TO THE TERMINA   | L DISEASE OR       | CONDITION GIVE          | N IN PART 1(o)                                |                                     |                                 |
|    | CERTIFICATION | 19a. DATE OF OPERA  | TION 19b.                               | CONDITION FO                          | OR WHICH OPERATION                          | WAS PERFORME | 20a. AUTO  |                    | CALICE                  | YES, WERE FINDINGS<br>S OF DEATH?             | CONSIDERED IN C                     | ERTIFYING                       |
|    | ⋖             | 21o. ACCIDENT WAS<br>OR CONTRIBUTING [<br>(If either, notify me | CAUSE OF DEAT                           | H HOUR                                |   | Year<br>19   |  |                    |                         | ry in Part 1 or Port 2                        | , Item 18.)                         |                                 |
|    |               | 21d. INJURY OCCUR While Not while at work at work               | e                                       |                                       | JURY ( AT HOME, FARM, S' OFFICE BUILDING,   | ETC.         |  |                    | 100                     | or Town                                       | County                              | Stote                           |
|    |               | 22a. I certify t<br>sow the d<br>couses sta                     | hot (I) (the<br>eceosed of<br>ted obove | is hospital<br>live on<br>e, (I) (we) | ottended the d<br>(did) (did not) view      | eceosed from | n Mu,<br>ond that in (m<br>fter death.   | (5, 19_y) (our) op | 68, to 2<br>inion death | Man 20 , 19<br>occurred on the d              | 9 <u>69</u> , thot<br>lote ond hour | (I) (we) la<br>ond from th      |
|    |               | 22b. SIGNATURE  | luf                                     | 50                                    | Junos                                       | 4            | DEGREE PHYS.   |                    | MED. DIRECTOR           | STAFF PHYS.   22c                             | DATE SIGNED                         | 69                              |
|    |               | 22d. PHYSICIAN'S<br>NAME (Type)                                 | Cla                                     | y Du                                  | rrett                                       |              | 22e. ADD   | Cu                 | mberl                   | and, Mar                                      | yland                               |                                 |
|    | 23a.<br>F     | BURIAL, CREMATION<br>REMOVAL (Specify)                          |   |                                       |   |              | n Cemet  | erv                | Hynd                    | on (City or Town)                             | (County)                            | (State)                         |
|    | _             | FUNERAL DIRECTOR  |   |                                       |   | ODRESS       | The second secon |                    | Y REGISTRAR             |   | 'S SIGNATURE                        |                                 |

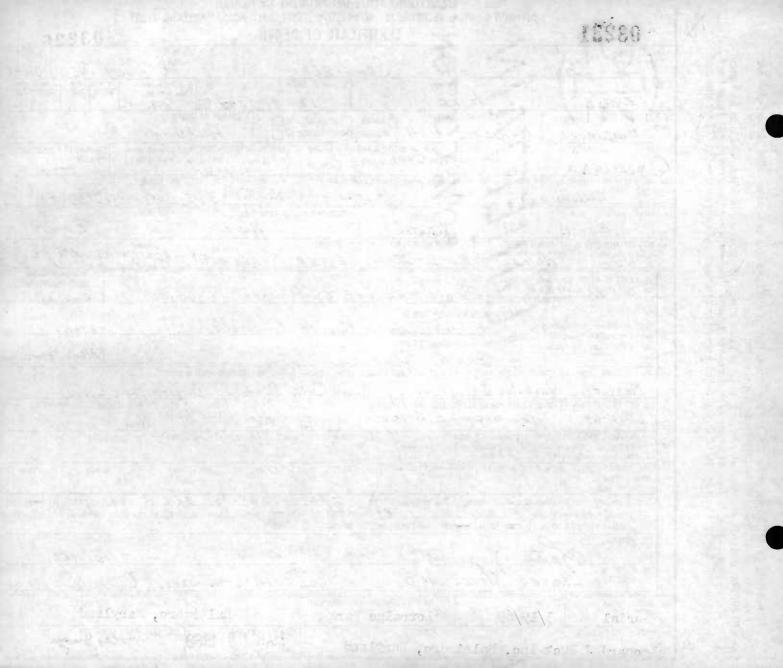
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03229 03224 CERTIFICATE OF DEATH DECEASED-NAME Lost 2b. HOURP 20. DATE OF DEATH (Type or print) Month **PHILOMENA** SANTESANIO 26 3. SEX 4 RACE 5. DATE OF BIRTH executed within 24 haurs after IF LINDER 1 YEAR 6. AGE (in years event, within 72 hours aft lost birthday) and completely filled in by the remove carban papers. Page MONTHS | FEMALE WHITE 01-26-01 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) ITALY ALLEGANY COUNTY. USA WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give SACRED HEART HOSPITAL CUMBERLAND during mound of the life even if retired.) 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMARYLAND 13b. COUNTY ALLEGANY CUMBERLAND YES NO 131 HANOVER STREET burial, cremation, ar remaval, and in any 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost PETE SANS IVIERO (CINESCIO) CARMEL please SANSIVIERO physician requires that the death certificate 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address MD. 21502 Yes, no, or upknown) (If yes give war or dates of service) SACRED HEART HOSPITAL -900 SETON DR., CUMB. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta 10 FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 4, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 3-25-, 1969, to 3-26-, 1969, that (i) (we) lost sow the deceased alive on 3-26-, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) L. BRINGS. M.D. 57 GREENE ST., CUMB., MD. 21502 23o. 8URIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BREMOYAL (Specify) 3-29-1969 SS. Peter & Paul Cemetery Cumberland, Allegany, Md. SCARPELLI FUNERAL HOME-108 VA. AVE., CUMB., MD BATE APR TEGISTRAP 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Chamber Judge

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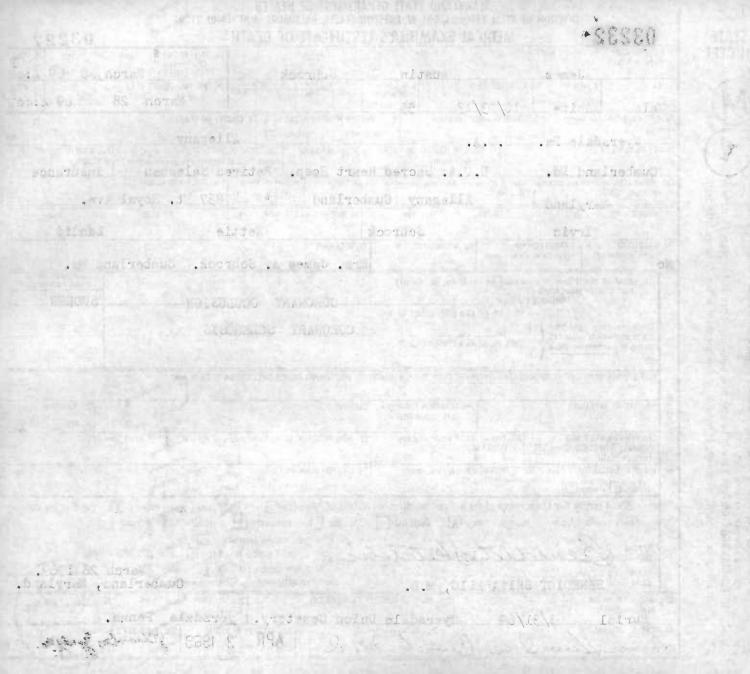
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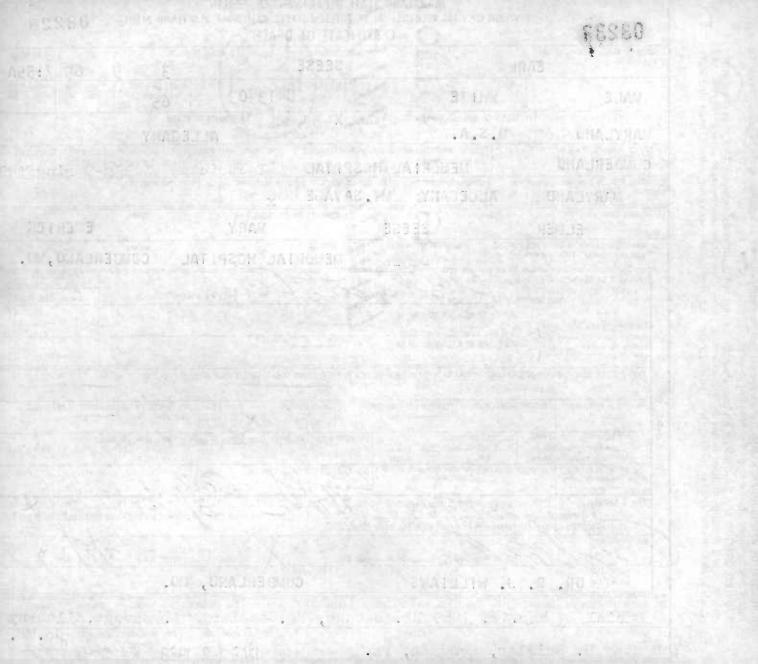
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|---------------|--|--|--|----------------------------------|--|---|
|               | 03231  | DIVISION OF VITA                         |  | ICATE OF DEATH                   | IMORE, MARYLAND 21201  | 03226   |
|               | DECEASED-NAME Fire   | st                                       | Middle   | Last                             | 2a. DATE OF DEATH  | 2b. HOUR  |
|               | (Type or print) $A_N$  | VIE                                      | W Se   | HELBERG                          | Month Doy  | Yeor 1015 P   |
| 3.            |  | 4. RACE                                  |  | S. DATE OF BIRTH                 | 6. AGE (In years   | IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
|               | PEMALE   | WHIT                                     | -  | 12-9-                            | 18 87 87 YRS.  | MONTHS DATS HOURS MIN.                                  |
| 7o.           | BIRTHPLACE (Stote or foreign   | 7b. CITIZEN OF WHAT CO                   | AND THE PERSON OF THE PERSON O | ED NEVER MARRIED                 | 9. COUNTY OF DEATH   | 141   |
|               | CITY OR TOWN OF DEATH  | MARYLAND                                 | US# WIDOW HOSPITAL OR INSTITUTION  |                                  | AL OCCUPATION (Kind of work done                                   | Md. M   |
|               | -UMBERLAND   | give street of                           | oddress) Cumber/4  | nd Nursing during m              | nost of warking life, even if retired.)                            | 12b. KIND OF BUSINESS OR<br>INDUSTRY                    |
| 12            | LICITAL DECIDENCE (INC I   | and the drift track of the               | esidence befare   13c, CITY  | OR TOWN 13d. INSIDE CITY I       | IMITS? 13e. STREET AND NUMBER                                      |   |
| aar           | nission) STATE MARYLAN   | D 136. COUNTY                            | - BAL  | TIMORE YES N                     | O 3015 NORTHW  | MY DRIVE  |
| 14.           | FATHER'S NAME First  | Middle                                   | Last   | IS. MOTHER'S MAIDEN NAME         |  | Lost  |
| 14            | MICHAEL  O. WAS DECEASED EVER IN U.S. A  |  | WACHTER<br>SOCIAL SECURITY NO.   | 7. INFORMANT                     | Address  | Berz  |
| 10            | Yes, na, ar unknown) (If yes giv   |  | 2-01-2992  | . 1/                             | FER MP 622 WA  | SHINGTON ST.  |
|               | 18. CAUSE OF DEATH (Enter  |  | - +  |                                  | Lambe  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH            |
|               | PART I, DEATH WAS CAUS   | CED DV                                   |  | RE & PULMON                      | ARY CONGESTION   | 2 Weeks   |
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|               | last.  |  | AND DIET   | O TO THE TERMINAL DISEASE OR     | CONDITION CIVIN IN DADY 1/-)                                       | righy rears   |
|               | Mesenteric V   |  | A CONTRACTOR OF THE CONTRACTOR | bromic Colon Syn                 |  |   |
| CFRTIFICATION | 19a. DATE OF OPERATION 19  | b. CONDITION FOR WHICH OF                | PERATION WAS PERFORMED   | 20a. AUTOPSY?                    | 20b. IF YES, WERE FINDINGS   |   |
| TIFIC         | 6-17-68  | INTRA-ABDOM                              | NAL ABCESS   | YES NO Z                         | CAUSES OF DEATH? Nome  |   |
|               |  | TING 21b. TIME OF INJUI<br>HOUR A.M. Mgi | RY 21  | . HOW INJURY OCCURRED (Ente      | er nature of injury in Part 1 or Part 2,                           | Item 18.)   |
| MFDICAL       | (If either, notify medical exor  | niner) P.M.                              | 19   |                                  |  |   |
| N             | 21d. INJURY OCCURRED 21 While Not while  | e. PLACE OF INJURY (AT HO.               | ME, FARM, STREET, FACTORY.) 21<br>BUILDING, ETC.   | F. LOCATION Street ar R.F.D. No. | c. City or Town  | County State  |
| ľ             | at wark at wark  | this hospital) ottondor                  | the decorad from   | 7/6 196                          | 58 to 3/16 10  | 60 that (1) () la                                       |
| Ţ             | saw the deceased   | alive on 3/16                            | 19/2,  | and that in (my) (our) op        | 5 <u>8</u> , to <u>3/16</u> , 19<br>inion death occurred on the do | ate and haur and from th                                |
|               |  | ve, (1) (aid) (did)                      | net) view the bady aft   | er death.                        | 1 22-  | DATE CICNED   |
|               | 22b. SIGNATURE   | t. R.1                                   | mg   | EGREE PHYS.                      | MED. STAFF DIRECTOR PHYS.  | DATE SIGNED   |
|               | 22d. PHYSICIAN'S   | sac Juger                                | , ,,,,,  | 22e ADDRESS                      |  | 1/6/1104  |
|               | NAME (Type) LES  | TER NEFER                                |  |                                  |  | imberland, Md.  |
| 23            |  | D. DATE                                  | 23c. NAME OF CEMETERY  |                                  | 23d. LOCATION (City or Town) Baltimore, Mar                        | (Caunty) (Stote)  |
| 24            | REMOVAL (Specify)  FUNERAL DIRECTOR  | 3/19/69                                  | Lorraine   |                                  |  |   |
| 24            | Leonard J Ruc  | k Inc. Balti                             |  | and DATE                         | BYRESSTRAP69 25b. PEGISTRAR'S                                      | las Judge   |
|               | THE PROPERTY OF THE PARTY OF TH | 12 m 110 4 m million                     | 7  | Ditte                            |  | L/ V  |

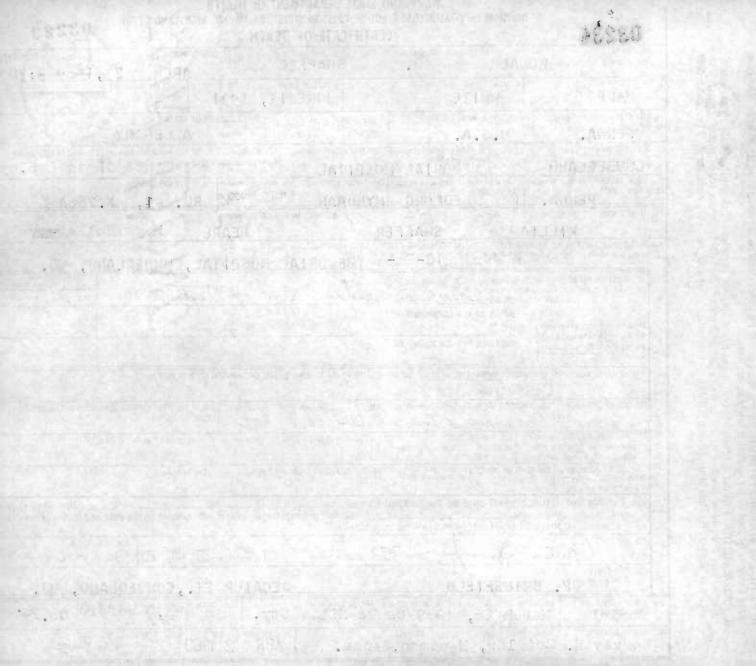


| word. |               | DIVISION   |                                    |   | E DEPARTMENT OF<br>PRESTON STREET, BALI                  |  | AND 2120        | 1   |                              |                |
|-------|---------------|--|------------------------------------|---|--|--|-----------------|---|------------------------------|----------------|
| TATE  |               | 03232  |                                    |   | R'S CERTIFICATE  |  |                 |   | 0322                         | 27             |
| DEPT. |               | CEASED-NAME First  Ype or Print)   |                                    | Middle                                      | Lost   |  | 2g. DATE KN     | STI-  | Day Year                     | 2b. HOUR       |
|       | 3. SE         | X 4. RACE  | S. DATE OF BI                      | Austin RTH 6. AG                            | Schro E (In years I F UNDER I YEAR birthday) MONTHS DAYS | IF UNDER 24 HRS. HDURS MIN   | 2c. DATE PRO    | ATED Marchounced DEAD  Marchounced DEAD  Marchounced 28 |                              | 2d. HOUR       |
|       | 7o. E         |  | 10/23<br>CITIZEN OF WI             |   | YRS.  8. MARRIED NEVER MA                                | RRIED 9. COL   | INTY OF DEAT    |   | Year 169                     | 4:00 M         |
|       |               | TY OR YOWN OF DEATH  | nive                               | street oddress)                             | STITUTION (If not in hospital                            | 12a. USUAL OC  | f warking life, | nd of wark dane<br>even if retired.)                    | 12b. KIND OF BUS             | Md<br>INESS OR |
| 10 de | 13a.          | Cumberland Md.  USUAL RESIDENCE (Where deceosed Imission) STATE  Monvilond                         | lived, if instit<br>13b. COUNTY    | O.A. Sacre utian: Residence before Allegany | 13c. CITY OR TOWN 13c. Cumberland                        | Retire Bd. INSIDE CITY LIMITS?  YES NO   | 13e. STREET A   | ND NUMBER   | Insuran                      | ice            |
| affer | 14. F         | ATHER'S NAME First   | Middl                              |   | 1S. MOTHER'S MAI   | DEN NAME First   |                 | Middle  | Las                          |                |
| 1     |               | Irvin  |                                    |   | rock   | Nett:  | ie              |   | Landis                       |                |
|       |               |  | CES?<br>or dates of service)       | 16b. SOCIAL SECURITY N                      | 0. 17. INFORMANT Mrs. Jame                               | s A. Sch   | rock.           | ADDRESS<br>Cumberla                                     | nd Md.                       |                |
|       |               | 1B. CAUSE OF DEATH (Enter only<br>PART I, DEATH WAS CAUSED   | one couse per                      | line far (a), (b), ond (c).                 |  |  | 365,55          |   | APPROXIMATE<br>BETWEEN DISET |                |
|       | 3             |  | CAUSE (o)                          |   | CORON  | ARY OCCI   | USION           |   | SUDDEN                       |                |
|       |               | Conditions, if ony, which gove 1   | DUE TO, OF                         | R AS A CONSEQUENCE OF                       |  | W COTED  | NO TO           |   |                              |                |
|       |               | rise to immediate cause (a), stating the underlying cause  | (b)<br>DUE TO, OI                  | R AS A CONSEQUENCE OF                       | CORONAR  | Y SCLERO   | 1212            |   |                              | 7 9            |
|       |               | PART 2. OTHER SIGNIFICANT CONDITI  | (c)                                | TING TO DEATH BUT NOT                       | DELATED TO THE TERMINAL D                                | ALCIACE OD COMPLETO  | AN COVEN IN D   | 107.1/-1  |                              |                |
|       |               | PART 2. OTHER SIGNIFICANT CONDITI  | ONS CONTRIBUT                      | ING TO DEATH BUT NOT                        | KELATED TO THE TERMINAL D                                | DISEASE OR CONDITIO  | IN GIVEN IN PA  | KI I(O)   |                              |                |
|       | CERTIFICATION | 19a. DATE OF OPERATION   | Marie 1                            | 19b. CONDITION FOR W<br>WAS PERFORMED?      |  |  |                 |   | 20. AUTOPS                   | Y? NO [7]      |
|       | MEDICAL CERTI | 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH                                     | HOUR A                             | INJURY Manth, Day, Yea<br>.M.<br>.M. 19     | 21c. HOW INJURY OC                                       | CCURRED (Enter natu  | re af injury in | Port 1 or Part 2, It                                    |                              | 110            |
|       | WE            | 21d. INJURY OCCURRED  WHILE NDT WHILE foctor AT WORK AT WORK                                       | ACE OF INJURY ory, office building | (At hame, farm, street,<br>ng, etc.)        | 21f. LOCATION Street                                     | ar R.F.D. Na.  | City ar 1       | 'awn  | County                       | State          |
| 2     |               | 22a. I certify that I tack death resulted fram:  ACTUAL SIGNATURE EXAMINER'S NAME (Type) BE NEDICT | Natural cau                        | ses X. Acciden                              | t, Suicide, CHI  CHI  DEP                                | IPSY, Ins<br>Hamicide,<br>EF MEDICAL EXAMINI<br>ISTANT MEDICAL EXAMI<br>PRESS(Street, city, ta | ER              | mined manner  22b. DATE  Marc                           | SIGNED                       |                |
| 2     | 230.          | BURIAL, CREMATION, REMOVAL (Specify)   |                                    |   | CEMETERY OR CREMATORY                                    |  | LOCATION (Ci    |   |                              | tate)          |
| -     | 24.           | Burial 3/3   | 1/69                               |   | le Union Ceme  |  | rersdal         |   |                              |                |
|       | 7             | ouis Steen   | Inc                                | Cunt  | me   | DATE   | 1969            | 2Sb. REGISTRAR'S  | AS Joedge                    | 6              |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03228 CERTIFICATE OF DEATH DECEASED-NAME Last Middle 2g. DATE OF DEATH 2b. HOUR be executed within 24 hours after deoth (Type or print) EARL SEESE Month and completely filled in by the fur remove carbon papers. Pages a nony event, within 72 hours after. S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF UNDER I YEAR MALE WHITE -13-03 last birthday) DAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH MARYLAND U.S.A. WIDOWED [ DIVORCED | ALLEGANY physicion and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) CUMBERLAND **INDUSTRY** 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before and in ony event, 13c. CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? 13b. CONTYLEGANY MT. SAVAGE YES NO 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle SEESE EMERICK ELMER MARY requires that the death/certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) CUMBERLAND, MD. signed by the ottending physi burial-transit permit. Then pl burial, crematian, or removol, MEMORIAL HOSPITAL APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). the ottending PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. -- Month Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, Street or R.F.D. No. County State While Nor While 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive anand that in (my) (our) opinion death occurred an the date and haur and fram the director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE AGNED ATTENDING DIRECTOR PHYS. 22e. ADDRESS CUMBERLAND, 22d. PHYSICIAN NAME (Type) DR. MD. R. J. WILLIAMS 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Mar. 12. Mt. Savage. Md. Cemetery Savage, Allegany ADDRESS FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Melantes rvey H. Zeigler, Hyndman, Pa. DATE





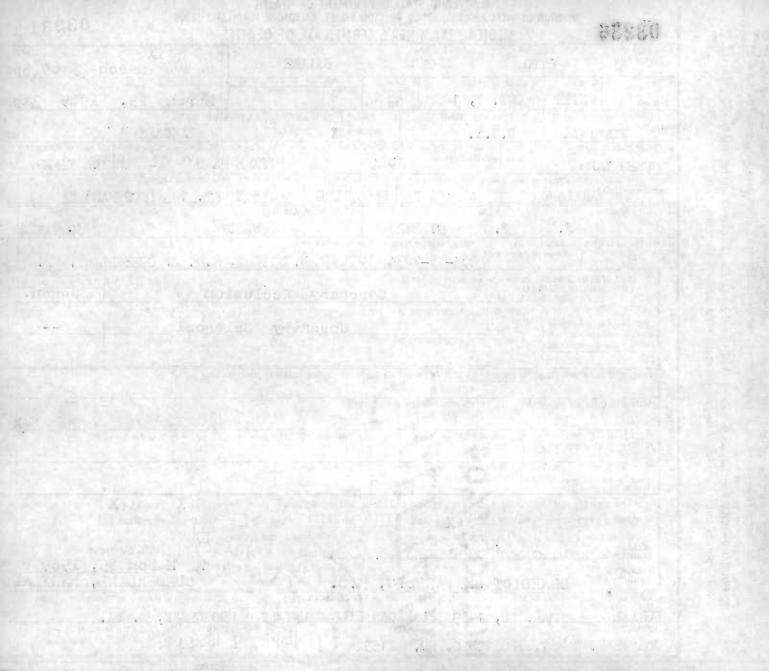
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03230 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month (Type or Print) delay 1 ind 3 to Poge ESTI-Bernice Victoris Shumaker DEATH MATED MARCH 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD PM3. F 58 yr MARCH 9.01969 Dec.23,1910 White Female 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with form Maryland Allegany USA DIVORCED [ WIDOWED [ Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done ofter deoth 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) Own Home Cumberland Give 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN with death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Allegany admission) STATE Md. Cumberland YES X NO 309 South St. Item ] pages land 2 after Middle 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Harriet E. Kaylor W. Flora word "pending" in pencil in the Chief Medicol Exominer's hours within 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war or dates af service) Mr. Wm. W. Shumaker, Cumberland, Md. Husband within APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LEFT CORONARY THROMBOSIS SUIDIDEN IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave CORONARY SCLEROSIS rise to immediate cause (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= should be forwarded to puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 or removal, CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES XX NO pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK director. Poge 22a. I certify that I taak charge of the remains described above, held an Autopsy 📆 Inspection X. Inquiry T, and in my apinian death resulted fram: Natural causes XX Accident . Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL reduct Skelarelia 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X March 9. 1969 Benedict Skitzrelic, m.d. **EXAMINER'S** 5 may ro FUNE Health ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. (County) REMOVAL (Specify) March 12,1969 Hillcrest Burial Park Cumberland, Allegany, Md. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** James F. Scarpelli, Cumberland, Md. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

The rest of the second Engly 9. 1999 Valley and the form of the control of the c portofrant, a Jastinolhis all significant for the court of the court 1969 . 1969 ben between Skitzpelie, and. The state of the s The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03231 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN X Month (Type or Print) OTTO ORN SILBER Poge DEATH MATED March 25196 3pm 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR March MALE WHITE OCT. 7, 1880 1 969 88 300 PM 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Give Rages 1, ALLEGANY VIRGINIA U.S.A. WIDOWED T DIVORCED [ 1D. CITY OR TOWN OF DEATH hours after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ong with during most of warking life, even if retired N give street oddress) RD 4 CUMBERLAND 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATMARYLAND 13b. COUNTY in Item 18. ALLEGANY FROSTBURG YES NO (HOFFMAN) and 2 word "pending" in pencil in Item I the Chief Medical Exominer's Office after 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle SILBER NANCY SCHWARTZ pages hours within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAŁ SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes give war or dates of service) 234-26-7034 WILMER B. SILBER, R.D. 4, CUMBERLAND, MD within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Occlusion Coronary IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if dny, which gove Sclerosis Coronary rise to immediate couse (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 00 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? the certificate, NO pe 4 should be 0 210. EXTERNAL CAUSE WAS plnods 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremotian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry X Inspection X ond in my opinion Natural causes 🔭 Accident death resulted from: Suicide [ Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER March 25, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or couCNUMBERLAND, MARYLAND NAME (Type) BENEDICT SKITARELIC. M.D. 0 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) FLANAGAN HILL CEMETERY 1969 RED CREEK. W. VA. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) JOSEPH R. DURST, FROSTBURG, MD. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH

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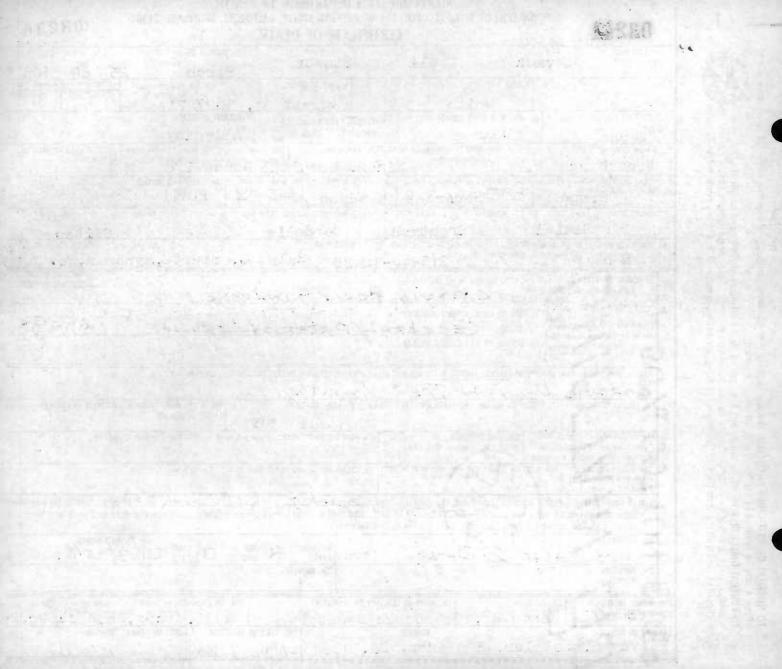
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03233 CERTIFICATE OF DEATH DECEASED-NAMI 20. DATE OF DEATH &t 1: 30 A .M . 2b. HOUR First Last aurs after death. within 24 haurs after death filled in by the funeral papers. Pages 1 and (Type or print) March Daisy 20 Day J. Sowers 1969 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR Female White 1884 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign B. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH country) Maryland Allegany County U. S. A. WIDOWED [ DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not inhaspital give street address) A Llegany County during most of warking life, even if retired.)

Tnfirmary Housekeeper 12b. KIND OF BUSINESS OR nd completely from a carban × Cumberland any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTAIlegany CumberlandYES X NO [] 221 Baltimore Avenue 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last OR ATTENDING PHYSICIAN: The law requires that the death certificate be burial, crematian, ar remaval, and in Charles Sowers Margaret Knotts physician of the please 17. INFORMANT P. O. BOX 599, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Addre um berland. Mo. Yes, no. or unknown) (If yes give wor or dates of service) 220-16-6249A Allegany County Infirmary records. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave signed by the burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been , page 3 shauld be detached far use as the be filed with the State Dept. of Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Feb. 27, 1969, toMarch 20,1969, that (I) (we) last saw the deceased alive an March 19, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. DEGREE PHYS. DIRECTOR 22d. PHYSICIAN 22e. ADDRESS NAME (Type Memorial Hospital, Cumberland, Md. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 3/22/69 Greenmount Cemetery Cumberland Allegany Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 21502 Silcox-Merritt Funeral Service, Cumberland, McDAMAR 2 4 1969 VClimeles &

OSSER LEGEN OF THE PROPERTY OF 28380 Strong partition of the contract of the contra a license . The Bright atel to made moved the best - I fine the Prince and the first places of the Sail Allimoselmen " Complete Contract Contraction - Martal determention TENDER TO THE THE THE THE THE STATE OF THE S Jank Altogot His Literary despited, contemporary Bright (Syle) (Decomount Syle) (Decomount Syle) The secretary production of the control of the MAR S. A. 1858 Mark Company

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|               | 03240  |   | 301 W. PRESTON STREET, BALT<br>CERTIFICATE OF DEATH                                | TIMORE, MARYLAND 2120   | 03235                                      |                    |  |  |  |  |
|---------------|--|---|--|---|--|--------------------|--|--|--|--|
| L             |  | SSIE D  | STAHLMAN   | 2a. DATE OF DEATH   | 4 1969 10                                  | PIQUR<br>0:56      |  |  |  |  |
| 3. 5          | FEMALE   | 4. RACE WHITE   | s. DATE OF BIRTH 10-2-1892   | 6. AGE (In years last highday)  | IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS | R 24 HRS.<br>MIN   |  |  |  |  |
| cou           | BIRTHPLACE (State or fareign intry)  W  VA   | 7b. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED NEVER MARRIED NUMBER NOT NEVER MARRIED DIVORCED                         | 9. COUNTY OF DEATH ALLEGANY   |  | Md.                |  |  |  |  |
|               | CUMBERLAND   | MEMOR'I'AL H  | OSPITAL during   | JAL OCCUPATION (Kind af work do<br>not of working life, even if retire<br>VFE | d.) INDUSTRY                               | SS OR              |  |  |  |  |
| 13o           | USUAL RESIDENCE (Where deced   | ised lived, if institution: Residence before 13b. COUNTY ALLEGAN                            | ELLERSLIE YES N  | 10□ BOX 136   |  |                    |  |  |  |  |
|               | FATHER'S NAME First FRANK  | Middle Last DA  | IS. MOTHER'S MAIDEN NAME   | IANE  | REE  |                    |  |  |  |  |
|               | WAS DECEASED EVER IN U.S. AR<br>Yes, na, ar unknawn) (If yes 9140  | MED FORCES? 16b. SOCIAL SECURITY 188-38-  | NO. 17. INFORMANT 318 MEMORIAL HOS   | Addres PITAL, CUMBER  | LAND, MD.                                  |                    |  |  |  |  |
|               | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSI IMMED)  2040  Canditions, if any, which gave rise to immediate cause (a), | DBY: Acute ly DUE TO, OR AS A CONSEQUENCE OF (b)  | mphocytic leukemia   |   | APPROXIMATE INTEL BETWEEN DISSET AND 2 mos | RVAL<br>DEATH      |  |  |  |  |
| NOI           | stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO   | DUE TO, OR AS A CONSEQUENCE OF  |  |   |  |                    |  |  |  |  |
| CERTIFICATION |  |   | YES NO   | CAUSES OF DEATH?  | GS CONSIDERED IN CERTIFYIN                 | NG                 |  |  |  |  |
| MEDICAL CE    | 21a. ACCIDENT WAS UNDERLYI  OR CONTRIBUTING CAUSE OF DEA  (If either, notify medical exam                                      | ATH HOUR A.M. Month Day Year iner) P.M.   | 9  |   | t 2, Item 18.)                             |                    |  |  |  |  |
| ME            | While Nat while at work  | PLACE OF INJURY ( AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC.                        | CTORY.) 21f. LOCATION Street or R.F.D. No  |   |  | State              |  |  |  |  |
|               | 00 1 . 15 11 1/11/11   | nis hospitol) ottended the deceos<br>alive on 34.69<br>e, (I) (we) (did) (did not) view the | ed from <b>1.21.69</b> , 19_<br>19, ond that in (my) (our) op<br>body ofter death. | , to 3.4.69 ,<br>vinion deoth occurred on the                                 | 19, that (I) (ve date and hour and fr      | we) lost<br>om the |  |  |  |  |
|               | 226. SIGNATURE  ATTENDING PHYS.  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DIRECTOR PHYS.  22. DATE SIGNED  3.6.69             |   |  |   |  |                    |  |  |  |  |
|               |  | WILLIAM P. IAM  |  | CENTRE ST., C   |  |                    |  |  |  |  |
|               | TREMOVAL (Specify) Ma  | ar. 7, 1969 Cooks   | CEMETERY OR CREMATORY  Mills Cemetery  |   |  | e)<br>RD           |  |  |  |  |
| 24.           | FUNERAL DIRECTOR Harvey H.   | Zeigler, Hyndm  |  | R 1 0 1969 FE   | Lands Judge                                | 2                  |  |  |  |  |



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03237 HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Manth Day Yeor 2b. HOUR (Type or Print) any deloy is 2, and 3 to PM3. Poge DEATH MATED March 1969 JACK WILLIEW with the State Department of THARP 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 2d. HOUR MALE WHITE DEC. 21, 1950 March 12 1969 Year 19 18 7a. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 50 9. COUNTY OF DEATH country) MARYIAND U.S.A. WIDOWED [ DIVORCED [ ALLEGANY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR give street address Hospital CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ALLEGANY FROSTBURG YES NO Tand 2 ROUTE 2 Hem after should be forworded to the Chief Medical Examiner selfic 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle JACK (= WILLIAM THARP VIRGINIA poges DICKEY 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) 215-56-8708 JACK W. THARP, SR., FROSTBURG, MD. File event within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxiation, (blood in bronchi) minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gave Rupture of Right Lung 70 Minutes rise ta immediate cause (a), ony This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Compression and Fracture ribs, right 70 Minutes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES NO 3 should ! 10 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PRIMARY OR CONTRIBUTING 216. PLACE OF INURY (At home, farm, street, forday, office building, etc.)

216. LOCATION Street or R.F.D. No. City or Town County 21d. INJURY OCCURRED State WHILE NOT WHILE IN THE ROUTE 220, 500 feet south of State Line, Allegany, Maryland for 220. I certify that I took charge of the remains described above, held an Autopsy KX Inspection XX Inquiry XX, ond in my opinion deoth resulted from: Notural couses . Accident XX, Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL moy be re FUNERAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER XX March 12, 1969 5 moy b EXAMINER'S BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or countertand, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) (Caunty) FRG MEMORIAL PARK MAR. 15, 1969 FROSTBURG. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR JOSEPH R. DURST, FROSTBURG, MD. 21532 VR A15ME (5) 10M REV. 1/48

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03238 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Doy (Type or Print) Robert Scott Thomas DEATH MATED March 24. 1969 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SFX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Montarch White Dec. 12, 1949 Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maruland U. S. A. WIDOWED [ Allegany DIVORCED F Hem 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street addressial Hospital-DOA during most of working life, even if retired.) Cumberland. Rwy. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maruland 13b. COUNT'Allegany Cumberland. YES NO 12 1000 McMullen Hwy. 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First William Thomas Mildred Hinebaugh hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Takoma Park. Md. (Yes, no, ar unknown) Mr. W. Mitchell Thomas. 8212 Flower Ave. 215-56-9157 event within 72 be executed v APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Intracranial Hemorrhage Minutes IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Skull Fracture Sudden Conditions, if any, which gove rise to immediate couse (o), any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES XX 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) PRIMARY V OR CONTRIBUTING crematian, Automobile Accident ( one car ) :30 pm Mar. 240 69 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.)
Highway Winchester Road, Cumberland, Allegany, Maryland burial, 220. I certify that I took charge af the remains described above, held an Autopsy X, Inspection X Inquiry X and in my apinian the funeral director. Natural causes Accident XX Suicide Momicide death resulted from: Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE March 24, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FUNE Health Benedict Skitarelic, M. D. NAME (Type) ADDRESS(Street, city, town, or county) CUMBERLAND, MARYLAND 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) Burial (Specify) I. O. O. F. Cemetery Salisbury. 3/27/69 Somerset. Penna. APR 1 196 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Md. VR A15ME (5) Charles Judge 10M REV. 1/68

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|  | 02027  | DIVISION OF VITAL RECORDS, 301  |  | , MARYLAND 21201 03239   |
|  | 03244  |   | TIFICATE OF DEATH  |  |
| death.<br>neral<br>and 2<br>death.   | 1. DECEASED-NAME Firs (Type or print) BE   | RTHA HENDRICKS  | TIPTON 2a. D   | ATE OF DEATH  Mooth  Boy  Boy  Boy  Boy  Boy  Boy  Boy  Bo   |
| urs after death.  by the funeral aggs, I and 2 surs after death.   | FEMALE   | 4. RACE<br>WHITE  | 5. DATE OF BIRTH 3-22-88   | 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  YRS.                    |
| in by  | 7a. BIRTHPLACE (State or foreign country) MAR YLAND  |   |  | TY OF DEATH ALLEGANY   |
| within 24 havrs after death effect filled in by the funeral orban papers. Pages I and it, within 72 bours after death  | 10. CITY OR TOWN OF DEATH  CUMBERLAND  |   | HOSPITAL during out of will  | ATION (Kind of work dane pking life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY Own home |
| cample ca | admissian) MARYLAND  |   | JMBERLAND YES NO X   | 13e. STREET AND NUMBER  RT. 4  |
| be execut and cam e remave   | 14. FATHER'S NAME First ROBE   | RT S. POLLOCI   | 15. MOTHER'S MAIDEN NAME First   | Middle GRACE   |
| ertificate be<br>physician c<br>nen please<br>naval, and ir  | 16a. WAS DECEASED EVER IN U.S. AR<br>Yes, no orunknawn) (If yes give                           | MED FORCES? war or deltes of service) 16b. SOCIAL SECURITY NO. 220-52-9539                                | MEMORIAL HOSPIT  | AL CUMBERLAND, MD.   |
| ot the death c<br>the atending<br>nsit permit. The<br>mation, ar rem   | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS CONSEQUENCE OF  | ed actiero-schera  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 days  10 yrd                                       |
| : The law required to the state of the state | Orlers 19a. DATE OF OPERATION 19b  | NOTITIONS CONTRIBUTING TO DEATH BUT NOT REI  S CLUROLE ORGANIC  CONDITION FOR WHICH OPERATION WAS PERFORN | Cureur 5 gridrome  100. AUTOPSY?  YES \( \square \text{NO} \( \sqrt{N} \)            | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?                               |
| HYSICIAN:<br>hospital a<br>is certificat<br>ached far<br>ept. af Hec   | OR CONTRIBUTING CAUSE OF DEA   | TH HOUR A.M. Manth Day Year iner) P.M. 19   | 21c. HOW INJURY OCCURRED (Enter nature 21f. LOCATION Street or R.F.O. No.            | of injury in Part 1 ar Part 2, Item 1B.)  City or Town County State                                |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cre  | saw the deceased of causes stated above 22b. SIGNAJURE   | P. Derosa   | Z, and that in (my) (aur) apinlan de after death.  MI)  DEGREE PHYS.  MED.  DIRECTOR | eath accurred an the date and haur and fram the  |
| TO HOSPITAL Page 4 may be TO FUNERAL D director, page shauld be file   |  | DATE 23c. NAME OF CEMET   |  | OCATION (City or Town) (County) (State)  |
| 2 Q VR A15   | Burracecify) 3  24. FUNERAL DIRECTOR  H. Wayne Geor  | ADDRESS   | emorial Cemetery, Co<br>250. REC'D BY REGIST<br>DATE MAR I I                         | umberland, Allegany Md.  RAR 1969 25b. RD Class Schapeller   |

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|             | 03246  | DIVISION OF VITAL RECORDS  |  | MORE, MARYLAND 21201   | 02044   |
| 1.0         |  | Middle   |  | 20 DATE OF DEATH   | 03241   |
|             | Type or print) CHE   | TER W.   | TWIGG  |  | 1969 2:45A  |
| -           | MALE   | 4. RACE<br>WHITE   | S. DATE OF BIRTH   | 6. AGE (In years last birthday) YRS.   | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| 7o.         | BIRTHPLACE (State or foreign ntry) W. VA.                          | b. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED NEVER MARRIED UIVORCED DIVORCED   | 9. COUNTY OF DEATH ALLEGANY  | Md  |
| 10.         | CUMBERLAND   | 11. NAME OF HOSPITAL OR I  | NSTITUTION (If not in haspitol 12a. USUA during mg   | L OCCUPATION (Kind of work done ost of warking life, even if retired)  | 12b. KIND OF BUSINESS OR                                |
| I3o.<br>odm | USUAL RESIDENCE (Where deceosed ission) STATE W. VA.               | lived, if institution: Residence before  | 13c. CITY OR TOWN 13d. INSIDE CITY LIV   | HITS?   13e. STREET AND NUMBER   |   |
| 14.         | FATHER'S NAME First  | Middle Last  |  |  | Lost  |
|             | BENJAMI  | N TWI  | GG CA  | THERINE  | FOLEY   |
| 160         | (If yes give war   | or dates of service) 16b. SOCIAL SECURITY 104-02-  | NO 17 INFORMANT  | Addross  |   |
|             | 18. CAUSE OF DEATH (Enter anly                                     |  |  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH            |
|             | PART I. DEATH WAS CAUSED I   | BY: CAUSE (o) AC   | ute Coronar v 8c   | clusion  | hours   |
|             | 4109   |  |  |  |   |
|             |  |  |  | ic Myocarditis   |   |
|             |  | DUE TO, OR AS A CONSEQUENCE O  |  |  |   |
|             | last.  | (c) Arterio  | sclerotic Cardio   | vascular disea   | SA  |
|             | PART 2. OTHER SIGNIFICANT CONDI                                    | TIONS CONTRIBUTING TO DEATH BUT  | NOT RELATED TO THE TERMINAL DISEASE OR CO  | ONDITION GIVEN IN PART 1(o)  |   |
| z           | Heart Failur   | aDiehetes  | Mellitus   |  |   |
| CATIO       | 19a. DATE OF OPERATION 19b. CO                                     | NDITION FOR WHICH OPERATION WAS F  | ERFORMED 20a. AUTOPSY?   |  | ONSIDERED IN CERTIFYING                                 |
| MIFIC       |  |  | , – –  |  |   |
|             | or contributing Cause of DEATH (If either, notify medical examiner | ) P.M.   | 19   | nature of injury in Port 1 or Port 2, 1  | tem 18.)  |
| ME          | 21d. INJURY OCCURRED 21e. PL<br>While Nat while                    | ACE OF INJURY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.  |  | City or Tawn   | Caunty State  |
|             | 22o. I certify that (I) (this                                      | hospital) attended the decea   | sed from 2=21=59 , 19_   |  | , that (I) ( <b>X</b> e) last                           |
|             | sow the deceased aliv  | e on 3=4=39  | 19, and that in (my) (ar) opin   | nion deoth occurred on the da  | te and hour and from the                                |
|             | causes stated above,   | (we) (did) (did not) view the  | body after death.  |  |   |
|             | 22b. SIGNATURE   | We (we) (ord) (did not) view the   | DEGREE PHYS. AMD DI  | ED. STAFF 22c. E   | DATE SIGNED 59  |
|             | 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  DR • F               | I MMELWR I GHT   | DEGREE ATTENDING MIDIO DI  | AVE., CUMBERLA   | ND, MD.   |
|             | 22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  DR • F               | I MMELWR I GHT   | DEGREE ATTENDING DI PHYS.  22e. ADDRESS 133 VA.  CEMETERY OR CREMATORY St Glen Cemetery  | AVE., CUMBERLA  23d. LOCATION (City or Town)  Near Greensprin  | ND, MD.  (County) Va. (State)                           |
|             | 70. cou 10. 130. odm   | 1. DECEASED-NAME (Type or print)  1. DECEASED-NAME (Type or print)  3. SEX  MALE  70. BIRTHPLACE (Stote or foreign country)  W. VA.  10. CITY OR TOWN OF DEATH  CUMBERLAND  130. USUAL RESIDENCE (Where deceosed odmission)  STATE W. VA.  14. FATHER'S NAME First  BENJAMI  16a. WAS DECEASED EVER IN U.S. ARMEE Yes, na, ar unknawn)  18. CAUSE OF DEATH (Enter anly PART I. DEATH WAS CAUSED IMMEDIATE (Conditions, if any, which gave rise ta im mediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS (If either, notify medical examiner 21d. INJURY OCCURRED While OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner 21d. INJURY OCCURRED While at work are work as work at work and work as work and work as wo | 1. DECEASED NAME (Type or print)  3. SEX  MALE  70. BIRTHPLACE (Stote or foreign country)  W. VA.  10. CITY OR TOWN OF DEATH  CUMBERLAND  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  134. FATHER'S NAME first Middle  BENJAMIN  144. FATHER'S NAME first Middle  BENJAMIN  165. COUNTY  Hampshire  166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) part 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) part 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) part 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) part 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) part 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) part 1. DEATH WAS CAUSED BY:  19. DUE TO, OR AS A CONSEQUENCE OF DEATH BY:  19. DIEDEATH BUT 19. DIEDEATH BU | CERTIFICATE OF DEATH  1. DECEASED-NAME (Type or print)  CHESTER  W. TWIGG  3. SEX  MALE  JO. BIRTHPLACE (Stote or foreign country)  W. VA. USA  10. CITY OR TOWN OF DEATH  CUMBERLAND  11. NAME OF HOSPITAL OR INSTITUTION (in nar inharper)  130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before loc. CITY OR TOWN  Odmission)  STATE  W. VA. JA. COUNTY  Hampshire  GREENSPRINGES  NO  14. FATHER'S NAME  First  Middle  Lost  BENJAMIN  TWIGG  CA  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave is set or immediate cause (a), stoting the underlying cause  Lost  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  YES DIA OLD  VIEW OR TOWN  VA. WHICH OPERATION WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY  HOUR A.M. Manth Day Year  P.M. M. Manth Day Year  P.M. M. Manth Day Year  P.M. Day GREENSPALL DAY DAY DAY  P.M. Day GREENSPALL DAY DAY DAY  P.M. Day GREENSPALL DAY DAY DAY  P.M. Day GREENSPALL DAY  P.M | DECEASED NAME   |

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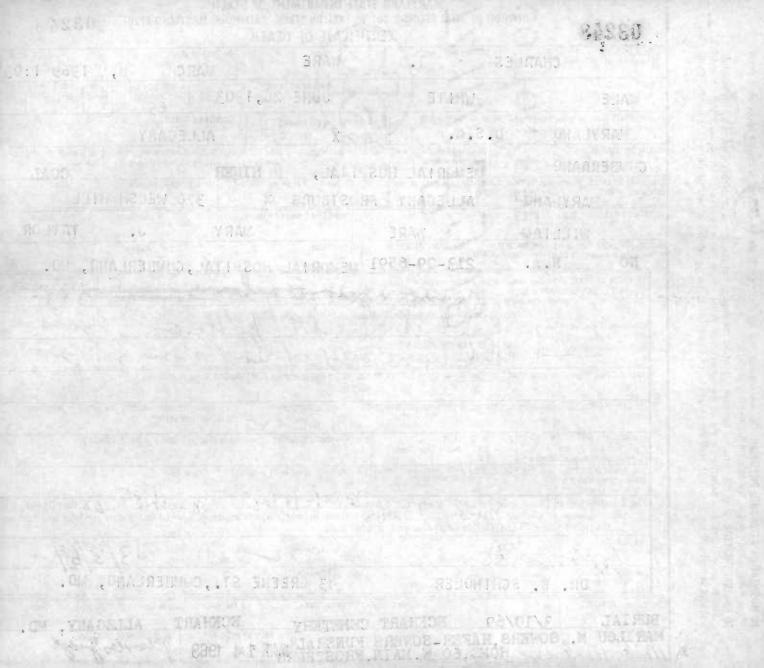
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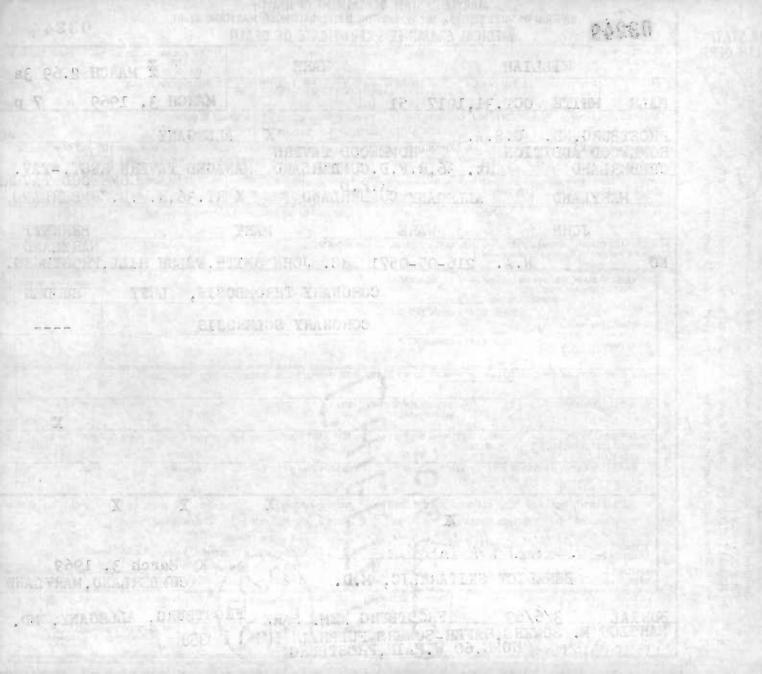
| 1   | I             | tem5 FilmGh10 3/27/691MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201   |  |
|---|---------------|--|--|
| FOR STATE   |               | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 03242  |
| HEALTH DEPT.  |               | DECEASED-NAME First Middle Lost 20 DATE KNOWN COMMON Month   | Day Year 2b HOUR                                 |
| of Se to Se   |               | (Type or Print)  Control Emma  Gon Wagner  OF ESTI- Warch  DEATH MATED MATED   | 20,1969  |
| \$ 2 E  | 3. 9          | SEX 4. RACE S. DATE OF BURTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD  | 10.1 HOUR  |
| PM3. Poe  | F             | Female White 3/29/92/ 77 YRS. HOURS MIN. Month March 20, 19  | 69'ear 19 2:28 N                                 |
| any 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,  |               | BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  |  |
| fer far fer l   |               | Oldtown Md. U.S.A. WIDOWED DIVORCED Allegancy  | Me   |
| after death.  8. Give Pages 1, alang with farm with the State Deleath.  | 1             | CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital life over it retired)   120. USUAL OCCUPATION (Kind of work done if retired)   120. USUAL OCCUPAT | 2b. KIND OF BUSINESS OR<br>NDUSTRY               |
| or do wig w   |               | umberland Md.   MEMORIAL HOSPITAL-DOA   Housewife  | TOOSINI  |
| s after 18. Give alang  | 130           | Admirrian CTATE 125 COLINTY  | 49.00  |
| I haurs after death ltem 18. Give Pag Office alang with 1 and 2 with the Sta after death.   | 14            | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Middle   | Last   |
| I haurs<br>Item<br>Office<br>I and 2<br>after   | 1             | George A. Kifer Margaret   | D <b>il</b> 1                                    |
| hin 24 ncil in Inniner's pages I hours o  | 16a.          | WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS   | DITT   |
| within Searcil i peacil i seminer ite page 72 hour  | N             | Yes, no, or unknown) (If yes give wor or dates of service) None Memorial Hosp, Records, Cumberlan  | d Md.  |
| M P I   |               | 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  | APPROXIMATE INTERVAL<br>BETWEEN ONSET, AND DEATH |
| digital with  |               | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  GANGRENE OF BOWEL   | About 24 Hrs                                     |
| Me<br>T pe  |               | DUE TO, OR AS A CONSEQUENCE OF   |  |
| be 'p'  |               | Conditions, if any, which gave rise to immediate cause (a), (b) MESENTERIC THROMBOSIS  | 11 11  |
| vord<br>vord<br>ne C<br>al-tr<br>any  |               | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  |  |
| shauld be executed with we word "pending" in perfect to the Chief Medical Exert burial-transit permit. File in any event within 72  |               | lost. (c) Arteriosclerosis   |  |
| INER: This certificate shauld be executed within 24 haurs after death she certificate, writing the word "pending" in Pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files.  3 should be used as a burial-transit permit. File pages I and 2 with the State Department of the Chief Medical in any event within 72 hours after death. | 70            | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  Fracture of Left Hip   |  |
| rrtifi<br>rritire<br>vard<br>vard<br>ed a<br>ed a   | NOL           | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION  | 20. AUTOPSY?                                     |
| fary<br>fary<br>e us  | CERTIFICATION | December 12, 1969 WAS PERFORMED? Fracture of Left Hip  | YES NO NO  |
| Thi<br>ficat<br>be<br>d be<br>ar r  |               | 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Iter   |  |
| ER:<br>certi<br>auld<br>auld<br>es.<br>houl   | MEDICAL       | PRIMARY OR CONTRIBUTING 9:00-m Dec. 10 19 68 Fell while getting out of bed.  |  |
| AIN<br>he che che che che che che che che che c   | ME            | ON A MULIDA OCCUPATO DE LA PRACE DE MULIDA (A. ).  | County State                                     |
| L EXAM  Kecute th  Page 4 far yaur  OR: Page (  |               | WHILE AT WORK AT WORK TO HOUSE THE PLACE OF INJUKY (At home, form, street, foctory, office building, etc.)  37 Weber St. Cumberland, Allegan   |  |
| bical Examiner: se execute the certi- ectar. Page 4 shauld ned far yaur files. tECTOR: Page 3 shoul   |               | 22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔀, Inspection 📆, Inquiry 📑   |  |
| Se e ctar ned ned by  | 13            | death resulted fram: Natural causes . Accident 🛣 Suicide ., Hamicide ., Undetermined manner [  |  |
| please I directoretaine.  | 1             | ACTUAL . CHIEF MEDICAL EXAMINER CONTROL OF THE CONT |  |
| Price price   |               | ACIDAL SIGNATURE CLICATE CONTROLLER M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI DEPUTY MEDICAL EXAMINER X March 20.   |  |
| D DEPUTY DICA Necessary, please ex the funeral director. S may be retained to FUNERAL DIRECTO Health priar to bur   |               | EXAMINER'S NAME (Type)  BENEDICT SKITARELIC, M. D.  ADDRESS(Street, city, town, or co-CHMBERLAND.  |  |
| necessary, please execute the certifulate funeral director. Page 4 shauld 5 may be retained far your files. To FUNERAL DIRECTOR: Page 3 should Health priar to burial, cremation,   | 230           |  | Caunty) (State)                                  |
|   |               | REMOVAL (Specify)  |  |
| 0.0   | 24.           | FUNERAL DIRECTOR . ADDRESS 250. REC'D BY REGISTRAR 250. RECONTRAC'S SI   | GNATURE Sany                                     |
| VR A15ME (5)  | IT            | ouis Stein Inc. 117 Frederick St. Cumb. Md. DAMAR 2 4 1969 (Cumb   | as lendal  |

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| ( 1   | 03248  MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21  CERTIFICATE OF DEATH   | 03243   |
|---|--|---|
| death.  | 1. DECEASED-NAME (Type or print) CHARLES - Middle WARE (Type or print) CHARLES - MARCH MONTH   | 8°Y 1°9°69 1:03%  |
| within 24 haurs after death<br>tely filled in by the uneral<br>bon papers. Pages I and '<br>within 72 haurs after death   | MALE  4. RACE WHITE  S. DATE OF BIRTH JUNE 26, 1903  6. AGE (In ye) lost birthdo   | POTS IF UNDER 1 YEAR IF UNDER 24 HRS.  WONTHS DAYS HOURS MIN.  YRS. |
| 24 haur<br>d in by<br>pers.<br>72 hau   | 70. BIRTHPLACE (Stote or foreign country) MARYLAND   |   |
| the attending physician and campletely filled in by the Tun sit permit. Then please remave carbon papers. Pages I nation, ar removal, and in any event, within 72 haurs after                             | 10. CITY OR TOWN OF DEATH  CUMBERDAND  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if re   | etired.) INDUSTRY COAT.   |
| y event   |  | SH HILL   |
| 1   | WILLIAM WARE MARY  | J. TAYLOR   |
| oval, ar  | Yes, so a runknown) (11 yes give war or dates of service) 213-09-6591 MEMORIAL HOSPITAL, CUMBI   | ERLAND, MD.   |
| director, page 3 shauld be detached for use as the burial-transit permit. Then please remave car shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE 70, OR AS A CONSEQUENCE OF   | APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH                        |
| burial, cremati   | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   | za oso  |
| Th prior to   | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FIN CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Faster polytre of injury in Part Local   | IDINGS CONSIDERED IN CERTIFYING                                     |
|   | G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19   | Port 2, Item 18.)   |
|   | While Not while at work of work  | County Stote  |
| The Stu   | 220. I certify that (I) (this haspital) ottended the deceased from 19 5, and that in (my) (aur) apinion death occurred on causes stated above, (I) (we) (did) (did not) view the body ofter deoth.   | that (I) (we) lost the date and hour and fram the                   |
| lan All   | 22b. SIGNATURE  DEGREE PHYS.  DIRECTOR DIRECTOR PHYS.  | 3/8/69  |
| uld be fi   | 22d. PHOSICIAN'S NAME (Type)DR. B. SCHINDLER 43 GREENE ST., CUMBER   |   |
| 0   | 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City or Town BURIAL CREMATION) 3/10/69 ECKHART CEMETERY ECKHART  MARIETIPOUDRM. SOWERS HAFER SOURCES FILMED AT 250. REC'D BY REGISTRAR 25b, 85c.   | ALLEGANY MD   |
| N   | MARITIOUDRM. SOWERS, HAFER-SOWERS FUNERAL 250. RECO BY REGISTRAR 250 | arles Judge   |



| FOR STATE  |               | DIVISION OF VITAL RECORDS,   | 301 W. PRESTON STREET, BALTIMORE, MAR' AMINER'S CERTIFICATE OF DEATH |   | 03244  |
|--|---------------|--|--|---|--|
| HEALTH DEPT.   | 1. 0          | DECEASED-NAME First  | Middle Lost  | 20. DATE KNOWN Month                          | Doy Year 2b. HOUR  |
|  |               | (Type or Print) WILLIAM  | WARE   | OF ESTI-                                      |  |
| Pog t  | 3. 5          |  | 6. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                | 2c. DATE PRONOUNCED DEAD                      | CH 21969 3a M  |
| v delay is and 3 to M3 Poge  | N             | MALE WHITE OCT.31.191  | lost birthday)   MONTHS   DAYS   HOURS   MIN.                        | MARCH 3 Doy 196                               |  |
| 2, 2, m  |               | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTR                                    |  | OUNTY OF DEATH                                |  |
| ofter deoth.  8. Gue Poges 1, Glong with form with the State De  | COLUMN THE    | ROSTBURG, MD. U.S.A.   | WIDOWED DIVORCED   | ALLEGANY                                      | Md.  |
| Poges<br>Vith for  | H             | CHYNORETOWN CATOEATA DO TO TO AT 11. NAME OF HO  | SPITAL HONSELWOOD TAVER N20. USUAL                                   | OCCUPATION (Kind of wark dane                 | 12b. KIND OF BUSINESS OR   |
| 9 3 × 9 00   |               | UMBERLAND Rt. 36   | R.F.D.CUMBERLAND MA  | of working life, even if retired NAGED TAVERN | REST *TAV.   |
| s ofter deoth 18. Give Pog folong with 2 with the Sta  | 13a.          | USUAL RESIDENCE (Where deceased lived, if institution: Residentission) STATE               | dence before The Clare OR TOWN 13d. INSIDE CITY UMILS?               | 13e. STREET AND NUMBER UM                     | EWOOD TAVER  |
|  |               | MARYLAND ALLEC   | ANY CUMBERLAND YES IN NO X   |   |  |
| 24 hours in Item 1 r's Office  | 14. 1         | FATHER'S NAME First Middle   | Lost 15. MOTHER'S MAIDEN NAME Firs                                   |   | Lost   |
| hin 24<br>ncil in<br>niner's<br>poges<br>hours   | 140           | JOHN WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIA                                    | WARE MARY ALSECURITY NO. 17. INFORMANT                               | ADDRESS                                       | BENNETT  |
| within 24<br>pencil in<br>xaminer's<br>ile poges<br>72 hours   | N.            | Yes no or unknown) I (Hum nive year or dates of secure)                                    |  |   | MARYLAND   |
| f with per Exar<br>Exar<br>File  | 14            |  | 05-0571 MRS. JOHN SMT  | THE MERON DITTLE                              | APPROXIMATE INTERVAL   |
| executed nding" is Medical permit.   |               | 18. CAUSE OF DEATH (Enter only one cause per fine for (a),<br>PART I. DEATH WAS CAUSED BY: | CORONARY THROMB  | OSIS LETT                                     | BETWEEN ONSET AND DEATH  |
| xec<br>ndin<br>Med<br>per<br>per   |               | MMEDIATE CAUSE (o) DUE TO, OR AS A CON:  |  | , , , , , , , , ,                             |  |
| be e<br>"per<br>ief<br>ief<br>nsit   |               | Canditians, if any, which gave   | CORONARY SCLER   | OSIS  |  |
| ord<br>ord<br>e Ch<br>l-tro  |               | rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CON              | SEQUENCE OF  | A Section of the last                         | CHANGE FOR   |
| te should be e<br>the word "per<br>1 to the Chief I<br>o buriol-transit<br>nd in ony ever  |               | last. (c)  |  |   |  |
|  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA                                   | ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT                | ION GIVEN IN PART I(a)                        |  |
| rifico<br>iting<br>orde<br>d as<br>ol, c   | No            |  |  |   |  |
| certii<br>, writ<br>orwor<br>used<br>movo  | CAT           |  | DITION FOR WHICH OPERATION PERFORMED?                                |   | 20. AUTOPSY?   |
| MINER: This the certificate, 4 should be four files. e 3 should be usemation, or ren   | CERTIFICATION | 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Ma   | nth, Day, Year 21c. HOW INJURY OCCURRED (Enter na                    | there of injury in Don't L or Don't 2. Its    | YES NO   |
| n, o   |               | PRIMARY OR CONTRIBUTING HOUR A.M.  | 19   | Ture of injury in Port 1 or Port 2, the       | тт 10.)  |
| INER<br>the cer<br>shoul<br>files.<br>3 shou   | MEDICAL       | CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, for                |  | City ar Tawn                                  | County State   |
| EXAMINER:<br>tute the cert<br>oge 4 should<br>r your files.<br>Poge 3 should,<br>cremation.  |               | WHILE NOT WHILE factory, office building, etc.)  |  |   |  |
| TY DICAL EXAMINER: The certification of the certifi |               | 22a. I certify that I taak charge of the remai   | ns described above held an Autapsy X                                 | nspection X, Inquiry X                        | , and in my apinian  |
| DEPUTY DICAL E   |               |  | Accident , Suicide , Hamicide  | ], Undetermined manner [                      |  |
| pleose directretoine DIRECto bor to b  |               | 0 1 10'  | CHIEF MEDICAL EXAM   |   |  |
| plo ol d   |               | SIGNATURE Desiedent Skilo  | role M.D. ASSISTANT MEDICAL E  | XAMINER 22b. DATE S                           | The state of the s |
| Sory Sory be VER   |               | - WA MANUFACE  | DEPUTY MEDICAL EXA   | Miner K March 3                               |  |
|  |               | NAME (Type) BENEDICT SKITA   | 7  | town, or coun <b>CUMBERLA</b>                 |  |
| 07 a + 2 0 H   | 230           | REMOVAL (Specify)  |  |   | (County) (State)   |
|  |               | SURTAL B/6/69 F  | ROSTBURG MEM. PARK F   | ROSTBURG ALT                                  | EGANY, MD  |
| VR A15ME (5)   | N             | ARTIOURM. SOWERS, HAFER.   | SOWERS FUNERAL MAR 1   | 1969 25b. PIGISTRAR'S S                       | es judge   |
| 10M REV. 1/68  | 1             | Thursday Hours 90  | W. MAIN, FROSTBURGOAR  |   | 0  |



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|                         | and the property                         |             |            |
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| L HWY., L/ WALE, M.     | N:01FAH 7801                             | 1 1/20      | 18 .6.     |
| umbertand, kitembry Al. | Nemoszas oval, 150.<br>15 ST., CLIS. 15. | 271-7-0-21- |            |

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03246 HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month (Type or Print) ESTI-Page Wilson March 27169 Christian Weisenmiller DEATH MATED 30 3 SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD pup Feb. 10 1899 Male White YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIEDY NEVER MARRIED country) WIDOWED [ DIVORCED [ Pages Allegany ate 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Sacred Heart Hospital-DOA during most of working life, even if retired.) **INDUSTRY** in Item 18. Give Cumber land Brewery Worker rewerv alana, with 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Allegany 735 Favette St. Cumberland land 2 ofter 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME Weisnmiller John Smitt haurs Wm -Anna pages pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) Mary I. Weisenmiller 735 Favethe St. No File = APPROXIMATE INTERVAL be executed within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY OCCLUSION pending CORONARY SUDDEN IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove CORONARY SCLEROSIS rise to immediate couse (o). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remaval, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES 🗍 NO X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should shauld PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry XX and in my apinian be retained death resulted fram: Natural causes XX. Accident Suicide Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. O DEPUT DEPUTY MEDICAL EXAMINER . March 27. 1969 Health **EXAMINER'S** Benedict Skitarelic. M.D. ADDRESS(Street, city, town, or Gumberland. Maryland. NAME (Type) 0 23o. BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Hillcrest Burial Park Burial Cumberland Allegany 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S STGNATU VR A15ME (5)

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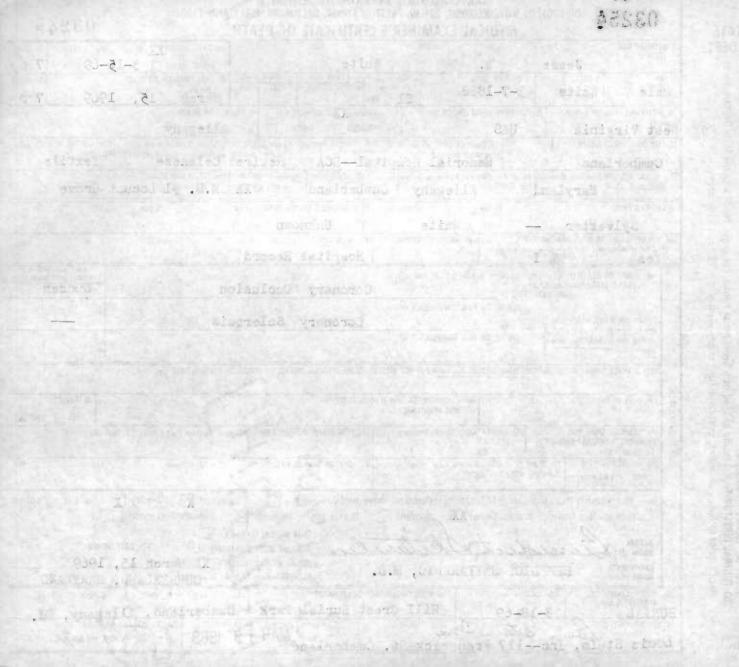
| 03252  |  | 301 W. PRESTON STREET, BACERTIFICATE OF DEATH   |   | 03247  |
|--|--|---|---|--|
| 1. DECEASED-NAME First (Type or print) GEOR  | GE Middle  | WELLINGS, SR.   | 20. DATE OF DEATH  MARCH  Month   | 1969 or 3 P  |
| 3. SEX MALE  | 4. RACE WHITE  | S. DATE OF BIRTH  | 1888 6. AGE (In years lost birthday) YRS.                                   | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN |
| 7o. BIRTHPLACE (State or foreign country) MARYLAND   | 75. CITIZEN OF WHAT COUNTRY? U.S.A.  | 8. MARRIED NEVER MARRIED DIVORCED DIVORCED  | 9. COUNTY OF DEATH ALLEGANY   | Mo   |
| 10. CITY OR TOWN OF DEATH FROSTBURG  | 11. NAME OF HOSPITAL OR IN give street address   | RS HOSPITAL during  | SUAL OCCUPATION (Kind of work dane most of working life, even if retired.)  | 12b. KIND OF BUSINESS OR INDUSTRY COAL MINE            |
| odmission) STATE MARYLAND  |  | TROBIDORG G   | NO□ 207 UPPER CO  | DNSOL RD.  |
| 14. FATHER'S NAME First HENRY  | Middle Last WELLIN   |   | ARAH A.   | LEWIS  |
|  | (ar or dates of service) 213-09-655  | ROBT. WELLING   | s, Frostburg, MD.   | 63 S. WATER S.   |
| PART I. DEATH WAS CAUSE  | ly one couse per line for (a), (b), ond (c)<br>D BY:<br>ATE CAUSE (o)                  | RightsiCondia   | ic failur   | BETWEEN ONSET AND DEATH  Z Whea -                      |
| Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying cause lost. | (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)   | HCVD  |   | Hors-  |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | NDITIONS CONTRIBUTING TO DEATH BUT N   | OT RELATED TO THE TERMINAL DISEASE C  | RCONDITION GIVEN IN PART 1(a)   |  |
| RIFIG  | CONDITION FOR WHICH OPERATION WAS PE   | YES NO  |   |  |
| OR CONTRIBUTING CAUSE OF DEA   | HOUR A.M. Month Doy Yeor<br>ner) P.M.  | 9   | nter noture of injury in Part 1 ar Port 2,                                  |  |
| While Nat while of work  | PLACE OF INJURY (AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC.                    |   |   | Caunty State   |
| couses stoted obov   | is haspital) attended the deceaselive an 3/2 (see ), (I) (we) (did) (did not) view the | ed from <u>Decre</u> , 19<br>19 <b>69</b> , ond that in (my) (our) o<br>body after death. | pinion death occurred an the do   |  |
| 22b. SIGNATURE   | lu B. Dav  | DEGREE PHYS.  | MED. DIRECTOR D STAFF D 3   |  |
|  | HN B. DAVIS, M. D.   |   | DWAY, FROSTBURG, M  |  |
| BURIAL MA  | R. 5, 1969 FBG. 1  | CEMETERY OR CREMATORY MEMORIAL PARK   | 23d. LOCATION (City or Town)  FROSTBURG, MD.  BY REGISTRAR 25b. REGISTRAR'S |  |
| 24. FUNERAL DIRECTOR  JOSEPH R. DURS   | T, SR., FROSTBURG,   |   |   | SIGNATURE  |

| 1  | MARYLAND STATE DEPARTMENT OF HEALTH  |
|--|--|
|  | 03253  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  03248  |
| ond 2<br>eath.   | 1. DECEASED-NAME (Type or print) JOHN W. WHETZEL 20. DATE OF DEATH ARCHIN 28 1969 6:35   |
| hours arrei  | 3. SEX  MALE  4. RACE WHITE  5. DATE OF BIRTH 3-15-1893  6. AGE (10 years   15 under 1 year   15 under 24 hrs.   16 under 24 hrs.   16 under 24 hrs.   16 under 24 hrs.   17 under 24 hrs.   18 under 24 hr |
|  | 70. BIRTHPLACE (State or foreign country) W.VA.  75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 99. COUNTY OF DEATH WIDOWED DIVORCED MARRIED MA |
| 50   | 10. CITY OR TOWN OF DEATH  CUMBERLAND,  11. NAME OF HOSPITAL OF INSTITUTION (If not in hospital during to de decimal if e, even if retired.)  120. USUAL OCCUPATION (Kind of work done during to de decimal if e, even if retired.)  120. USUAL OCCUPATION (Kind of work done during to de decimal if e, even if retired.)  120. USUAL OCCUPATION (Kind of work done during to decimal if e, even if retired.)  121. NAME OF HOSPITAL HOSPITAL RETIRED.  |
| / event  | 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  STATE MARYLAND 13b. COUNTY LEGANY CUMBERLAND 13d. INSIDE CITY LIMITS?  YES X NO 130. STREET AND NUMBER 302 ARCH ST.   |
| 1  | 14. FATHER'S NAME FIRST ORGE MIDDLE WHETZEL IS. MOTHER'S MAIDEN NAME FINARY MIDDLE LEWI Sust   |
|  | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT MEMORIAL HOSPITAL, CUMBERLAND, MD.  |
| should be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 l | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)   |
| th prior   | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 2 from 18.)   |
|  | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. Month Doy Yeor 19 21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)  |
|  | 21d. INJURY OCCURRED While Not while of work 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote  |
|  | 22a. I certify that (I) (this haspital) attended the deceased fram, 19, that (I) (we) last saw the deceased olive on19, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter deoth.   |
| 1  | 22d- PHYSICIAN'S NAME (Type) DR. XWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   |
| 6  | 230. BURIAL (REMATION, BURIAL (REMATION, 3-31-1969   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Lown)   Md. (County) (Stote)   Cumberland, Md. Allegany   |
| R  | 24. EUNERAL DIRECTOR Scarpelli, Cumberland, Md.  250. REGISTRAR 3 1969  250. REGISTRAR 3 1969  250. REGISTRAR 3 1969   |

| BAZZED         |            | WINDS SERVIN |         |                                       |                        | 0325    |
|----------------|------------|--------------|---------|---------------------------------------|------------------------|---------|
| 2.8 (35) (3.5) | DHAIL      | 13.73        |         |                                       | Lifot                  |         |
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|                | 71.A051JJA |              |         | U. 5. A.                              | .A                     |         |
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|                | 302 /      |              |         |                                       |                        |         |
| 1 - 1 - 1      | YANK       |              | 135:    | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Harro Bo               |         |
|                |            |              |         |                                       |                        |         |
|                |            |              |         |                                       |                        |         |
|                |            |              |         |                                       | n W. W.                |         |
|                |            | e di i       | or of a | rein (c                               | el-L'-c is<br>Elle com |         |

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03249 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN TY Month 2b. HOUR (Type or Print) delay is and 3 to M3. Page White Jesse W. 7 p M Department of DEATH MATED 6. AGE (In years 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. P Male White 3-7-1888 1969 19 7 PM YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with form Vem 18. Give Pages 1, West Virginia UAS DIVORCED [ WIDOWED [ Allegany State | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddressl Hospital—DOA during most of working life, even if retired.) I and 2 with the Cumberland 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Allegany Cumberland YES NOXX R.D. #1 Locust Grove after 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Unknown White Sylvester 24 in haurs ie certificate, writing the word "pending" in pencil in shauld be forwarded to the Chief Medical Examiner's within pencil i 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) Hospital Record File APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Coronary Occlusion Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove Coronary Sclerosis rise to immediate couse (a), certificate shauld any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse \_ remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO AT YES 🗔 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.) WHILE AT WORK AT WORK the funeral director. Page 220. I certify that I taak charge of the remains described above, held an Autopsy , far Inspection X, Inquiry X, and in my opinian Notural couses XX . Accident . Suicide . Homicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER X March 15, 1969 EXAMINER'S 5 may 10 FUNE Health BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or contyMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
BURIAL Hill Crest Burial Park Cumberland, Allegany, 3-18-69 Frederick St. Cumberland AR 19 196 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE McCharles Judge 1969

MANIEMIN SIMIL DEL ANIMENT DE HEALIN



## FOR STATE DEPT. HEALTH

firer deoth any deloy is Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page This certificate should be executed within 24 hours after deoth in pencil in Item 18. necessary, please execute the certificate, writing the word "pending" DICAL EXAMINER:

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of Health prior to buriol, cremation, or removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH 03255 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

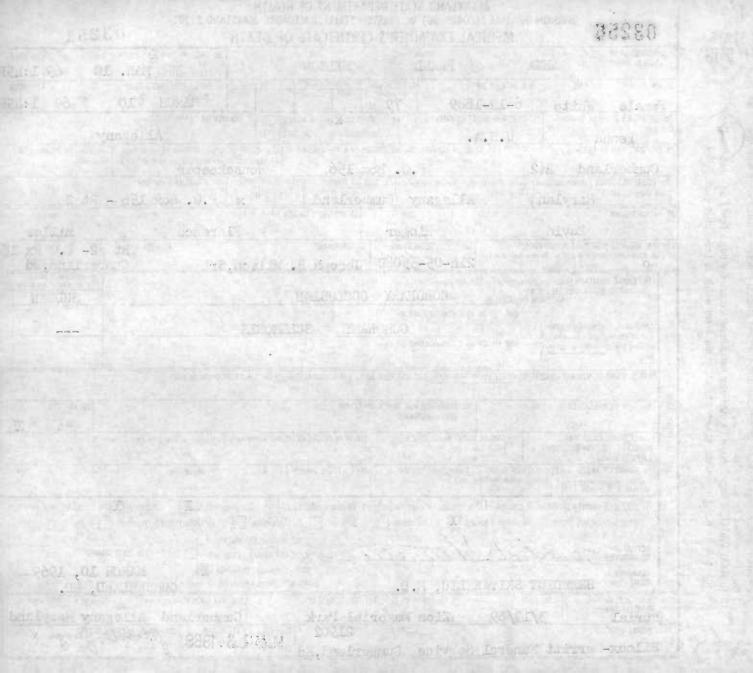
03250

| L. DETERMAN FIRST  Mode  Lost  March Doy Year Do, House  Raymond  Miller  Raymond  Miller  Note of Birth  Raymond  Miller  Note of Birth  Miller  Miller  Note of Birth  Miller  Note o | 1 0   | CCCACCO NAME                            | Pt s                  |                      | 4414            | 0             | 1                   |                    |                  | 44                |                |           |             |          |
|--|-------|---|-----------------------|----------------------|-----------------|---------------|---------------------|--------------------|------------------|-------------------|----------------|-----------|-------------|----------|
| S. SEX   A RACE   S. DATE OF BIRTH   B. ACE   D. PRINT   D. DEVE HAM   F DADES 24 MS.   22 DATE PROMODING DEAD   20 AUDITION     |       |   | First                 |                      | Midd            | lle           | Las                 |                    | 2a. 1            |                   | Month          | Day       | Year        | 2b. HOUR |
| S. SEX   | ,     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Raymond               |                      | Mill            | 271           | White               | man                | 0                | EATH MATED        | March          | 19 1      | IA9         | 9 . M    |
| Male White Feb. 7, 1893 **   Month of Park   March 10   19669 **   Vear 19 10 to Oam   March 10   19669 **   Vear 19 10 to Oam   March 10   19669 **   Vear 19 10 to Oam   March 10   19669 **   Vear 19 10 to Oam   March 10   19669 **   Vear 19 10 to Oam   March 10   19669 **   Vear 19 10 to Oam   March 10   19669 **   Vear 19 10 to Oam   March 10   Oam   | 3. 5  | EX                                      |                       |                      |                 | 6. AGE (In ve | GES IF UNDER I YE   | AR IF UNDER        |                  |                   |                | ale Y     | 47          |          |
| 7.6. GRIPPINACE (Sole or foreign   7.6. CRITER OF WHAT COUNTRY   8. MARRED   9. CRITERION   9.   |       |   |                       | Feb. 7               | 1893            | 76            | YRS.                |                    | MIN.             | Manth             |                | Year<br>1 | 9 10        |          |
| Mest Virginia USA  II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  III. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  III. Vale  ROUTE 1. Locust Grove  Route 1. Locust Grove  Route 1. Locust Grove  III. Data Mose of III. Name Of Hospital  III. Na |       |   | e or foreign 7b.      | CITIZEN OF WH        | AT COUNTRY?     | 8.            | MARRIED THEVER      | MARRIED            | 9. COUNTY        | OF DEATH          |                | 1675      |             |          |
| Table   Part   Commission   State   Common   C   |       | West                                    | Virginia              | US                   | A               |               |                     |                    |                  | Allegar           | ny             |           |             |          |
| 130. GUAIX RESIDENCE (Where declased laved, it institution: Residence before   130. CUIVY   130. MINER   130. CUIVIY   130. CUIVITY   130.    | 10. 0 | ITY OR TOWN O                           | F DEATH               | 11. N/               | AME OF HOSPITA  | L OR INSTITU  | TION (If nat in has | ital 12a. U        | ISUAL OCCUPA     | TION (Kind of v   | vark dane      | 12b. KIND | OF BUSIN    | NESS OR  |
| 130. GUAIX RESIDENCE (Where declased laved, it institution: Residence before   130. CUIVY   130. MINER   130. CUIVIY   130. CUIVITY   130.    |       |   |                       | Ro                   | itel,           | Locus         | t Grove             | Ret                | mast at world    | ubber 1           | vorker         | Ke]       | lly         |          |
| A. FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MADIE NAME   First   Middle   Lost   | 130.  | USUAL RESIDEN                           | CE (Where deceased    | lived, it institu    | tian: Residence | befare 13c.   | CITY OR TOWN        |                    |                  | STREET AND NU     | MBER           |           |             |          |
| A. FATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MADIE NAME   First   Middle   Lost   | - CI  | umission) STATE                         | Maryland              | ISB. COUNTY          | llegan          | v La          | Vale                | YES N              | VOXX Ro          | ute 1.            | Locus          | t Gro     | ove         |          |
| Idea MAS DECEASE DEVER IN U.S. ARMÉD FORCES? (Ves, no, or or inknown)   170  | 14. F | ATHER'S NAME                            | First                 |                      |                 |               | 15. MOTHER'S        | MAIDEN NAME        |                  |                   |                |           |             |          |
| Coronary    |       |   | Charles               | Bradi                | ford W          | hitema        | n                   | V                  | /irgini          | .a.               |                | Bea       | in          |          |
| R. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMCDIATE CAUSE (a)   CORONARY OCCLUSION   SUDDEN     Conditions, if any, which gove is to immediate cause (a), stoting the underlying cause   (b)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   (c)   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     Institute of the underlying cause   DUE TO, OR AS A CONSEQUENCE OF     Institute of the un   |       |   |                       |                      | 16b. SOCIAL SEC | URITY NO.     | 17. INFORMANT       |                    |                  | ADDR              | ESS            |           |             |          |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   DATE OF DEATH (Inter only one cause per line for (a), (b), and (c).)   CORONARY OCCLUSION   SUDDEN     CORONARY SCLEROSIS  | (1    |   | (It yes give wor      | or aates of service) | 214-05          | -4369         | Emma Wh             | iteman.            | Locu             | st Gros           | re. Ta         | Vel       |             |          |
| PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE 10, OR AS A CONSEQUENCE OF  CORONARY SCLEROSIS  DUE 10, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONTRIBUTING   216. TIME OF INJURY MONTH, Day, Year  HOUR A.M.  P.M.  19  210. EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING   19. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  211. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.)  P.M.  19  212. I. LOCATION Street or R.F.D. No.  CITY or Town  County  State  Accident   Suicide   Home, form, street, and which of the political part of the political par |       |   | DEATH (Enter only     | one couse per la     |                 |               |                     |                    |                  |                   |                | APPI      | ROXIMATE II | NTERVAL  |
| DUE TO, OR AS A CONSEQUENCE OF  Canditions, if only, which gave nse to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH  21d. INJURY OCCURRED WHILE AT WHILE AT WORK AT WORK TO A WORK TO AT WORK TO AT WORK TO A WORK TO |       | PART I. C                               | DEATH WAS CAUSED B    | 37:                  | (0), (0), 0     |               | RONARY              | OCCLUS             | TON              |                   |                |           |             |          |
| Conditions, if any, which gave note to immediate cause (a).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING P.M. 19  21b. TIME OF INJURY Month, Day, Year HOUR A.M. 19  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  PM. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  22a. I certify that I taak charge of the remains described abave, held an Autapsy . Inspection . Inspec |       | 410                                     | IMMEDIATE             |                      | AS A CONSEQUE   |               |                     |                    |                  |                   | 100            | 200       | - Dani      |          |
| See to immediate cause (a), stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF  |       | Conditions, if o                        | ony which gave        | DUE TO, OK           | AS A CONSEQUE   | NCE OF        | CORONA              | RY SCI             | LEROSIS          | 3                 |                | -         |             |          |
| 19a. Date of operation   19b. conditions on the part 1   19b. condition for which operation   19b. condition for which o   | -     | rise ta immed                           | liate cause (a),      |                      | AC A COMPROM    | wee of        | 0021021             |                    |                  |                   |                |           |             | _        |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, farm, street, foctory, office building, etc.)  22a. I certify that I taak charge af the remains described abave, held an Autapsy Industry of the part 1 and in my apinian death resulted fram: Natural causes Accident Signature Signatu | 81    |   | nderlying cause       | DUE TO, OK           | AS A CONSEQUE   | INCE OF       |                     |                    |                  |                   |                | 1         |             |          |
| 19a. Date of Operation  19b. Condition for Which Operation  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING P.M. 19  21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  P.M. 19  21d. INJURY OCCURRED OF DATH AT WORK OT WHILE AT WORK AT WORK AT WORK  22a. I certify that I taak charge of the remains described abave, held an Autapsy Industry of the factory, office building, etc.)  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  BENEDICT SKITARELIC, M.D.  ADDRESS STREET, D. Na. City or Town  COUNTY State  CHIEF MEDICAL EXAMINER  ADDRESS STREET, D. Na. CHARGE OF INJURY (At home, form, street, factory, office building, etc.)  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE  22b. DATE SIGNED  March 10, 1969  March 10, 1969  ADDRESS STREET, D. Na. City or Town  CHIEF MEDICAL EXAMINER  ADDRESS STREET, D. Na. City or Town  CHIEF MEDICAL EXAMINER  ADDRESS STREET, D. Na. City or Town  COUNTY  State  18.)  18.)  19.  21b. TIME of INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  NOW  YES IN NOW  YES  |       |   | ,                     | (c)                  |                 |               |                     |                    |                  |                   |                |           |             |          |
| PRIMARY OR CONTRIBUTING HOUR A.M.  P.M. 19  21d. INJURY OCCURRED WHITE AT WORK AT WORK AT WORK  AT WORK AT WORK AT WORK  Not write building, etc.)  22a. I certify that I taak charge af the remains described abave, held an Autapsy I, Inspection X, Inquiry X, and in my apinian death resulted fram:  Natural causes Accident I, Suicide I, Homicide I, Undetermined manner I  ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE EXAMINER SIGNATURE |       | PART 2. OTHER                           | SIGNIFICANT CONDITION | ONS CONTRIBUTI       | NG TO DEATH B   | UT NOT RELAT  | TED TO THE TERMIN   | AL DISEASE OR (    | CONDITION GIV    | EN IN PART 1(a    | )              |           |             |          |
| PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21d. INJURY OCCURRED WHILE AT WORK  AT WORK AT WORK  AT WORK AT WORK  AT WORK AT WORK  AT WORK AT WORK | N     |   |                       |                      |                 |               |                     |                    |                  |                   |                |           |             |          |
| PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21d. INJURY OCCURRED WHILE AT WORK  AT WORK AT WORK  AT WORK AT WORK  AT WORK AT WORK  AT WORK AT WORK | ATIC  | 19a. DATE OF C                          | PERATION              |                      |                 |               | OPERATION           |                    |                  |                   |                | 20. /     | AUTOPSY?    | ?        |
| PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21d. INJURY OCCURRED WHILE AT WORK  AT WORK AT WORK  AT WORK AT WORK  AT WORK AT WORK  AT WORK AT WORK | TIFIC | 7 AVE OF                                |                       | 4.50                 | WAS PERF        | OKMED?        |                     |                    |                  |                   |                | Y         | res 🔲       | NO       |
| CAUSE OF DEATH  21d. INJURY OCCURRED WHITE AT WORK AT WORK  ACTUAL SIGNATURE |       |   |                       |                      |                 | ау, Уеаг      | 21c. HOW INJUR      | OCCURRED (En       | nter nature of   | injury in Part I  | ar Part 2, Ite | m 18.)    |             |          |
| 22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection _X, Inquiry _X, and in my apinian death resulted fram: Natural causes _X. Accident, Suicide, Homicide, Undetermined manner  ACTUAL SIGNATURE   | R     | PRIMARY 0                               | R CONTRIBUTING        |                      |                 | 19            | L. Sanda            |                    |                  |                   |                |           |             |          |
| 22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection X, Inquiry X, and in my apinian death resulted fram: Natural causes Accident, Suicide, Homicide, Undetermined manner  ACTUAL SIGNATURE: Second C   | MED   |   |                       |                      |                 | street.       | 21f. LOCATION St    | reet or R.F.D. No. |                  | City or Town      |                | Caunty    |             | State    |
| 22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection X, Inquiry X, and in my apinian death resulted fram: Natural causes  |       | WHILE N                                 |                       |                      |                 |               |                     |                    |                  |                   |                | Tele      |             |          |
| death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined manner   ACTUAL SIGNATURE |       |   |                       |                      | . 1             | 21 1 1        | 1.11                |                    | 1                | Cust 1            | 497            |           |             |          |
| ACTUAL SIGNATURE SELECTION M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER March 10, 1969  EXAMINER'S NAME (Type)  BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or county) Cumberland, Md.  22b. Date signed March 10, 1969  ADDRESS(Street, city, town, or county) Cumberland, Md.  23a. BURIAL, (REMATION, BUT 1919)  [County] (Store) W. Va.  ADDRESS IZSO, REC'D BY REGISTRAR 25b-2660STRAR'S GIGNATURE  |       |   |                       |                      |                 |               |                     |                    |                  |                   | 1 / 4          | _         | in my       | apinian  |
| ACTUAL SIGNATURE |       | death re                                | sulted fram:          | Natural caus         | es XX A         | ccident       | J, Suicide          | , Homicid          | de 🔲, U          | Indetermined      | manner         |           |             |          |
| SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  EXAMINER'S  NAME (Type)  BENEDICT SKITARELIC, M.D.  ADDRESS(Street, city, town, or county)  Cumberland, Md.  230. BURIAL, (REMATION, BUT IN 1969)  Mar. 13, 1969 Indian Mound Cemetery  ADDRESS  ADDRESS  1250. REC'D BY REGISTRAR  226. DATE SIGNATURE  Warch 10, 1969  March 10 |       | ACTUAL                                  | 12                    | 11                   | VI              |               | 1                   |                    |                  |                   |                |           |             |          |
| PAMME (Type)  NAME (Type)  NAME (Type)  BENEDICT SKITARELIC, M.D.  ADDRESS(Street, city, town, or county)  Cumberland, Md.  23a. BURIAL (REMATION, BENEAUX Specify)  Mar. 13, 1969  Indian Mound Cemetery  Romney  Hampshire  W. Va.   |       |   | Leuca                 | uct                  | Della           | reli          | M.D.                |                    |                  | 26                |                |           | 0           |          |
| 230. BURIAL (REMATION, BENDAL Specify)  230. DATE 231. NAME OF CEMETERY OR CREMATORY 232. NAME OF CEMETERY OR CREMATORY 233. LOCATION (City or Town) (County) 234. LOCATION (City or Town) (Store) 235. REC'D BY REGISTRAR 256 ABGOSTRAR'S GIGNAPURE   |       | EXAMINER'S                              |                       |                      |                 |               |                     |                    |                  | (23)              |                |           | -           | 4        |
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| John J. Hafer, Jr. 230 Balto Ave. Cumberland MAR 14 1969 25b REGISTRAR'S GIGNAFURE   |       | BUTTATE                                 | Mar.                  | . 13, 1              | 969 In          | dian N        | found Cen           | etery              | Romr             | ney               | Hamp           | shir      | e W         | . Va.    |
| John J. Hafer, Jr. 230 Balto Ave. Cumberland MAK 1 4 1969  | 24.   | FUNGRAL DIRECT                          | OR J                  | (ele                 | 1               | ADDRESS       |                     | 2So. REC'          | D BY REGISTRA    | IR 2Sb            | GSTRAR'S       | GNAPURE   | 100         | 200      |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03251 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPA 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN A Month Day 2b. HOUR Year NEVA (Type or Print) PEARL WILSON ESTIta Page DEATH MATED MAR. 1969 1:45F delay and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. MOMARCH Year 1:45F 6-19-1889 79 Female White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH farm country) WIDOWED [ Give Pages U.S.A. DIVORCED Allegany Penna 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital after death Office alang with 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** with the Cumberland Rt2 Housekeeper 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death 13b. COUNTY YES NO Allegany Cumberland P.O. Box 156 - Rt 2 l and 2 in Item ] ofter 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME **First** Middle David Rieger Florence Miller the Chief Medical Examiner's haurs pages within pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Rt #2- P.O Bx 16 (Yes, na, ar unknown) (If yes give war or dates of service) 214-05-5508B Cumberland, Md Joseph H. Wilson, Sr APPROXIMATE INTERVAL .= executed within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o) \_\_\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit pe Conditions, if ony, which gove CORONARY SCLEROSIS rise ta immediate cause (a). any certificate shauld the certificate, writing the ward 4 should be farwarded to the Ch DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SID removal CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This please execute the certificate. YES 🗍 NO X pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State FUNERAL DIRECTOR: Poge foctory, affice building, etc.) WHILE NOT WHILE I burial, 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X ond in my opinion director. deoth resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE MARCH 10, 1969 DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** may 5 may ro FUNE Health ADDRESS(Street, city, lown, or county) CUMBERLAND, MD. NAME (Type) BENEDICT SKITARELIC. M.D. the BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 3/13/69 Cumberland Allegany Maryland Zion Memorial Park Burial Silcox-Merritt Funeral Service Cumberland, Md DANIAN 13 1969 24 FUNERAL DIRECTOR VR ATSME



| 1  | 1  | 03257 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  |
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| X  |  | CERTIFICATE OF DEATH 03252   |
| ofth.  | nd 2<br>arth.  | 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) JESSE J. WILT MARCH MGB, 1969 Year 2:10 PM   |
| within 24 haurs after death  | ed in by the funeral<br>apers. Pages A and 2<br>n 72 havrs after death.  | 3. SEX  4. RACE  S. DATE OF BIRTH  6. AGE (In years of birth of bi |
| haurs  | s. Park  | 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED 9. COUNTY OF DEATH 9. COUNTY 9. C |
| in 24  | oan paper<br>within 72   | Md.  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR   |
| d with   | and campletely filled in the semant carbon papers. In any event, within 72 had   | CUMBERLANU  SMEMOReFAL HOSPITAL  during mast af warking life, even if retiral)  EVENT RESIDENCE (Where deceased lived, if institution: Residence befare 13c, CITY OR TOWN admission)  STATE MARYLAND 13b. CANTEGANY WESTERNPORT YES NO   13e. STREET AND NUMBER YES NO   13e. STREET AND NUMBER YES NO   15e. STREET AND NUMBER YES NO   15e. STREET AND NUMBER YES   15e. S |
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| 2  | and in a   | THOMAS P. WILT ELIZABETH BITTINGER   |
| rtificat   | physician<br>hen please<br>naval, and i  | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 212-18-1979  17. INFORMANT  MEMORIAL HOSPITAL, CUMBERLAND, MD.  |
| N: The law requires that the death certificate<br>or attending physician | programmers asserting the attending signed by the attending burial-transit permit. If burial, cremation, or rem  | 18. CAUSE OF DEATH (Enter only ane cause per line for (a) (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDUITION GIVEN IN PART 1(o)   |
| OR ATTENDING PHYSICIAN: The law  | To go Thing to record a After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?  21d. ACCIDENT WAS UNDERLYING 121b TIME OF INITIRY 121c HOW INITIRY OF CHIPPED (Entry nature of initing in Part 1 or Part 2 from 18 h   |
| ICIAN:   | rtificate<br>ed for u<br>af Heal   | OR CONTRIBUTING CAUSE OF DEATH  (If either, natify medical examiner)  HOUR A.M. Month Day Year  19   |
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| TENDING by   | OR: After<br>auld be<br>the Stat   | 22a. I certify that (I) (this haspital) attended the deceased fram 25/197, ta 25/197, 19, that (I) (we) last saw the deceased alive an 219, and that in (my) (aur) opinion death accurate on the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.   |
| OR ATTEND  | Functor, page 3 should be filed with the   | 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED PHYS. DIRECTOR PHYS. 3/9/9  |
| TO HOSPITAL  | VERAL<br>tar, pa   | PHYSICIAMS PAGE (Type) R. J. WILLIAMS  CUMBERLAND, MD.   |
| TO HO  | direct shau  | 23d. Burial, (REMATION, 3/8/69 23c. NAME OF CEMETERY OR CREMATORY Philos 23d. Location (City of Joyn) Algrenty (Stord)   |
|  | VR A15   | 24. FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR 256. REGISTRAR 5 SIGNATURE JUNE DATE MAR 1 3 1969 FURNILES JUNE   |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03253 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH & T. within 24 hours after death. (Type or print) the funeral Victoria Frances Wolfe March 3. SFX 4. RACE S. DATE OF BIRTH IF LINOFR I YEAR 6. AGE (In years in by the Pogos lost pirthday) Female White 10/9/1874 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country West Virginia emove corbon papers. U. S. A. Allegany County WIDOWED TX DIVORCED nd rempletely filled remove corbon pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital life. USUAL OCCUPATION (Kind of wark done give street address)

Infirmary Housewife 10. CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR Cumberland WDUSTRY Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATEMaryland 13b. COUNTILE gany 1404 Virginia Avenue YES NO Cumberland 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be buriol, cremotion, or removal, and in Conrad John Martha Rosebrook physician en 17. INFORMANT P.O. Box 599. Addie Cumberland . Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, ar unknawn) (If yes give war or dates of service) Allegany County Infirmary records. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditions, if any, which gave ) rise to immediate cause (a), stoting the underlying cause DUE TO. OR AS A CONSTONENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the Stote Dept. af Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗌 YES 📉 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while of work 220. I certify that (I) (this hospital) ottended the deceosed from May 1, 1959, to March 3, 1969, that (I) (we) lost saw the deceased alive an March 3, 1969, and that in (my) (aur) apinian death accurred an the date and hour and from the be retoined director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 21c. DATE SIGNED ATTENDING MED.
DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Memorial Hospital, Cumberland, Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BREMOVAL (Specify) 3-6-69 Hillcrest Burial Park Cumberland, Md. 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Scarpelli Cumberland, Md 2Sb. REGISTRAR'S SIGNATURE DATE MAR 1969

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